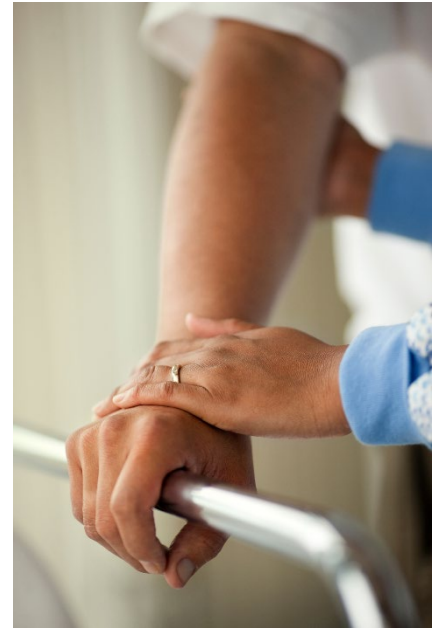




# Medicaid Managed Care Enrollment and Program Characteristics 2022



**Fall 2024**

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# Medicaid Managed Care Enrollment State Tables

## Alabama: Managed Care Program Features as of 2022

| Features   | Integrated Care Network (ICN)                     | Program of All-inclusive for the Elderly (PACE)  | Alabama Coordinated Health Network (ACHN) |
|--|---|--|---|
| Program type   | Primary Care Case Management Entity (PCCM Entity) | PACE   | PCCM Entity                               |
| Statewide or region-specific?  | Statewide   | Mobile and Baldwin Counties  | Statewide                                 |
| Federal operating authority  | 1915(b), 1915(b)/1915(c)                          | PACE   | 1915(b)                                   |
| Program start date   | 10/01/2018  | 01/01/2012   | 10/01/2019                                |
| Waiver expiration date (if applicable)   | 09/30/2023  | –  | 09/30/2023                                |
| If the program ended in 2021, indicate the end date  | –   | –  | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –   | –  | Mandatory                                 |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –   | –  | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –   | Voluntary  | Mandatory                                 |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –   | –  | Mandatory                                 |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –  | Mandatory                                 |
| Populations enrolled: Full Duals   | –   | Voluntary  | –   |
| Populations enrolled: Children with Special Health Care Needs  | –   | –  | Mandatory                                 |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary  | Voluntary                                 |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary   | Exempt   | Mandatory                                 |
| Populations enrolled: Enrollment choice period   | Pre-assigned                                      | N/A  | Pre-assigned                              |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –  | –   |
| Populations enrolled: Notes on enrollment choice period  | –   | Open enrollment that begins the first of every month; disenrollment is effective the last day of the month chosen. | –   |

| Features  | Integrated Care Network (ICN) | Program of All-inclusive for the Elderly (PACE)                                   | Alabama Coordinated Health Network (ACHN) |
|---|-------------------------------|---|---|
| Benefits covered: Inpatient hospital physical health  | –                             | X   | –   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | –                             | X   | –   |
| Benefits covered: Outpatient hospital physical health   | –                             | X   | –   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | –                             | X   | –   |
| Benefits covered: Partial hospitalization   | –                             | X   | –   |
| Benefits covered: Physician   | –                             | X   | –   |
| Benefits covered: Nurse practitioner  | –                             | X   | –   |
| Benefits covered: Rural health clinics and FQHCs  | –                             | –   | –   |
| Benefits covered: Clinic services   | –                             | X   | –   |
| Benefits covered: Lab and x-ray   | –                             | X   | –   |
| Benefits covered: Prescription drugs  | –                             | X   | –   |
| Benefits covered: Prosthetic devices  | –                             | –   | –   |
| Benefits covered: EPSDT   | –                             | –   | –   |
| Benefits covered: Case management   | X                             | X   | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                             | –   | –   |
| Benefits covered: Home health services (services in home)   | –                             | X   | –   |
| Benefits covered: Family planning   | –                             | –   | –   |
| Benefits covered: Dental services (medical/surgical)  | –                             | X   | –   |
| Benefits covered: Dental (preventative or corrective)   | –                             | X   | –   |
| Benefits covered: Personal care (state plan option)   | –                             | X   | –   |
| Benefits covered: HCBS waiver services  | –                             | –   | –   |
| Benefits covered: Private duty nursing  | –                             | X   | –   |
| Benefits covered: ICF-IDD   | –                             | –   | –   |
| Benefits covered: Nursing facility services   | –                             | X   | –   |
| Benefits covered: Hospice care  | –                             | X   | –   |
| Benefits covered: Non-Emergency Medical Transportation  | –                             | X   | –   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                             | –   | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                             | Anything else determined to be medically necessary by the interdisciplinary team. | –   |

| Features   | Integrated Care Network (ICN)   | Program of All-inclusive for the Elderly (PACE) | Alabama Coordinated Health Network (ACHN) |
|--|---|---|---|
| Quality assurance and improvement: HEDIS data required?  | No  | No  | Yes                                       |
| Quality assurance and improvement: CAHPS data required?  | No  | No  | No  |
| Quality assurance and improvement: Accreditation required?   | No  | No  | No  |
| Quality assurance and improvement: Accrediting organization  | –   | –   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –   | –   | Island Peer Review Organization (IPRO)    |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –   | X   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –   | –   | X   |
| Performance incentives: Withholds tied to performance metrics  | X   | –   | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | –   | –   |
| Participating plans: Plans in Program  | Alabama Select Network  | Mercy Life of Alabama                           | Alabama Coordinated Health Network        |
| Notes: Program notes   | Only includes nursing home level of care for Skilled Nursing Facility (SNF) recipients and those on Elderly and Disabled and Alabama Community Transitions Waivers. |   | 7 networks with one per region.           |

## Arizona: Managed Care Program Features as of 2022

| Features   | Arizona Health Care Cost Containment System (MLTSS)   | Arizona Health Care Cost Containment System   | Arizona Health Care Cost Containment System (SMI)   |
|--|---|---|---|
| Program type   | MLTSS only (PIHP and/or PAHP)   | Comprehensive MCO + MLTSS   | Behavioral Health Organization (BHO) only (PIHP and/or PAHP)  |
| Statewide or region-specific?  | Statewide   | Statewide   | Statewide   |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)  | 1115(a) (Medicaid demonstration waivers)  | 1115(a) (Medicaid demonstration waivers)  |
| Program start date   | 07/13/1982  | 07/13/1982  | 07/13/1982  |
| Waiver expiration date (if applicable)   | 09/30/2023  | 09/30/2023  | 09/30/2022  |
| If the program ended in 2021, indicate the end date  | –   | –   | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | Mandatory   | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   | –   |
| Populations enrolled: Full Duals   | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary   | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Mandatory   | Mandatory   |
| Populations enrolled: Enrollment choice period   | Other   | Other   | Other   |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –   | –   |
| Populations enrolled: Notes on enrollment choice period  | The enrollment choice period for members who are auto-assigned is 90 days. After the initial enrollment choice period, members receive an annual enrollment choice period of 60 days. | The enrollment choice period for members who are auto-assigned is 90 days. After the initial enrollment choice period, members receive an annual enrollment choice period of 60 days. | The enrollment choice period for members who are auto-assigned is 90 days. After the initial enrollment choice period, members receive an annual enrollment choice period of 60 days. |
| Benefits covered: Inpatient hospital physical health   | X   | X   | X   |

| Features  | Arizona Health Care Cost Containment System (MLTSS)  | Arizona Health Care Cost Containment System  | Arizona Health Care Cost Containment System (SMI)  |
|---|--|--|--|
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | X  | X  |
| Benefits covered: Outpatient hospital physical health   | X  | X  | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X  | X  | X  |
| Benefits covered: Partial hospitalization   | –  | –  | –  |
| Benefits covered: Physician   | X  | X  | X  |
| Benefits covered: Nurse practitioner  | X  | X  | X  |
| Benefits covered: Rural health clinics and FQHCs  | X  | X  | X  |
| Benefits covered: Clinic services   | X  | X  | X  |
| Benefits covered: Lab and x-ray   | X  | X  | X  |
| Benefits covered: Prescription drugs  | X  | X  | X  |
| Benefits covered: Prosthetic devices  | X  | X  | X  |
| Benefits covered: EPSDT   | X  | X  | X  |
| Benefits covered: Case management   | –  | X  | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –  | –  |
| Benefits covered: Home health services (services in home)   | X  | X  | X  |
| Benefits covered: Family planning   | X  | X  | X  |
| Benefits covered: Dental services (medical/surgical)  | X  | X  | X  |
| Benefits covered: Dental (preventative or corrective)   | X  | –  | –  |
| Benefits covered: Personal care (state plan option)   | X  | –  | –  |
| Benefits covered: HCBS waiver services  | X  | –  | –  |
| Benefits covered: Private duty nursing  | X  | X  | X  |
| Benefits covered: ICF-IDD   | X  | –  | –  |
| Benefits covered: Nursing facility services   | X  | X  | X  |
| Benefits covered: Hospice care  | X  | X  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | X  | X  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Freestanding birth centers, podiatry, naturopathic physicians, and adult occupational therapy. | Freestanding birth centers, podiatry, naturopathic physicians, and adult occupational therapy. | Freestanding birth centers, podiatry, naturopathic physicians, and adult occupational therapy. |

| Features   | Arizona Health Care Cost Containment System (MLTSS)  | Arizona Health Care Cost Containment System  | Arizona Health Care Cost Containment System (SMI)  |
|--|--|--|--|
| Quality assurance and improvement: HEDIS data required?  | Yes  | Yes  | Yes  |
| Quality assurance and improvement: CAHPS data required?  | Yes  | Yes  | Yes  |
| Quality assurance and improvement: Accreditation required?   | No   | No   | No   |
| Quality assurance and improvement: Accrediting organization  | Starting in Calendar Year 2020, HEDIS performance measures are calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.  | Starting in Calendar Year 2020, HEDIS performance measures are calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.  | Starting in Calendar Year 2020, HEDIS performance measures are calculated by the MCOs with validation through the EQRO; NCQA accreditation will be required of the MCOs no later than October 2023. CAHPS surveys continue to be conducted by the EQRO on AHCCCS' behalf.  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group   | Health Services Advisory Group   | Health Services Advisory Group   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X  | X  | X  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X  | X  | X  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | X  | X  |
| Performance incentives: Withholds tied to performance metrics  | X  | X  | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | X  | X  |
| Participating plans: Plans in Program  | DES/Division of Developmental Disabilities (MLTSS); United Healthcare (MLTSS); Mercy Care (MLTSS); Banner University Family Care (MLTSS)   | United Healthcare; Care 1st; DCS/CHP; Health Choice Arizona; Arizona Complete Health-Complete Care Plan; Mercy Care; Molina Complete Care of Arizona; Banner University Family Care  | Mercy Care RBHA (SMI); Arizona Complete Health- Complete Care Plan RBHA (SMI); Health Choice Arizona RBHA (SMI)  |
| Notes: Program notes   | *Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but American Indian/Alaska Native (AI/AN) members are voluntarily enrolled. | *Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but AI/AN members are voluntarily enrolled. | *Enrollment (voluntary with auto-enrollment) – members have choice and if they do not choose then there are rules for where they are auto-enrolled depending on the program. If an individual does not choose their plan prior to eligibility being determined, they are auto-enrolled in a health plan and given 90 days to choose a different plan. Most members in these groups are mandatorily enrolled, but AI/AN members are voluntarily enrolled. |

## Arkansas: Managed Care Program Features as of 2022

| Features   | PASSE                            | AR Healthy Smiles  | Non-Emergency Transportation                | PCCM                                | PACE   |
|--|----------------------------------|--------------------|---|-------------------------------------|--|
| Program type   | Comprehensive MCO + MLTSS        | Dental only (PAHP) | Non-Emergency Medical Transportation (NEMT) | Primary Care Case Management (PCCM) | Program of All-inclusive Care for the Elderly (PACE) |
| Statewide or region-specific?  | Statewide                        | Statewide          | Statewide                                   | Statewide                           | Statewide  |
| Federal operating authority  | 1915(b)/1915(c), 1915(b)/1915(i) | 1915(b)            | 1915(b), 1902(a)(70) NEMT                   | 1932(a)                             | PACE   |
| Program start date   | 10/01/2017                       | 01/01/2018         | 08/26/1998                                  | 01/01/2014                          | 04/01/2006   |
| Waiver expiration date (if applicable)   | 12/31/2026                       | 03/31/2028         | 03/31/2028                                  | –                                   | –  |
| If the program ended in 2021, indicate the end date  | –                                | –                  | –   | –                                   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                                | –                  | –   | –                                   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                                | Mandatory          | Mandatory                                   | –                                   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                        | Mandatory          | Mandatory                                   | –                                   | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –                                | Mandatory          | Mandatory                                   | Mandatory                           | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                                | Mandatory          | Mandatory                                   | –                                   | –  |
| Populations enrolled: Full Duals   | –                                | Mandatory          | Mandatory                                   | –                                   | –  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                        | –                  | Mandatory                                   | Voluntary                           | –  |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary                        | Voluntary          | Voluntary                                   | Exempt                              | Exempt   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary                        | –                  | –   | Voluntary                           | –  |

| Features  | PASSE                                   | AR Healthy Smiles | Non-Emergency Transportation | PCCM | PACE |
|---|---|-------------------|------------------------------|------|------|
| Populations enrolled: Enrollment choice period                          | Other                                   | Pre-assigned      | Pre-assigned                 | N/A  | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)            | –                                       | –                 | –                            | AFMC | –    |
| Populations enrolled: Notes on enrollment choice period                 | 90 days-enrollment open for ninety days | –                 | –                            | –    | –    |
| Benefits covered: Inpatient hospital physical health                    | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                                       | –                 | –                            | X    | –    |
| Benefits covered: Outpatient hospital physical health                   | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                                       | –                 | –                            | X    | –    |
| Benefits covered: Partial hospitalization                               | X                                       | –                 | –                            | X    | –    |
| Benefits covered: Physician   | X                                       | –                 | –                            | –    | –    |
| Benefits covered: Nurse practitioner                                    | X                                       | –                 | –                            | X    | –    |
| Benefits covered: Rural health clinics and FQHCs                        | X                                       | –                 | –                            | X    | –    |
| Benefits covered: Clinic services                                       | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Lab and x-ray   | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Prescription drugs                                    | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Prosthetic devices                                    | X                                       | –                 | –                            | X    | X    |
| Benefits covered: EPSDT   | X                                       | –                 | –                            | X    |      |
| Benefits covered: Case management                                       | X                                       | –                 | –                            | X    | X    |
| Benefits covered: SSA Section 1945-authorized Health Home               | –                                       | –                 | –                            | –    | –    |
| Benefits covered: Home health services (services in home)               | X                                       | –                 | –                            | X    | X    |
| Benefits covered: Family planning                                       | X                                       | –                 | –                            | X    | –    |

| Features  | PASSE   | AR Healthy Smiles | Non-Emergency Transportation | PCCM | PACE |
|---|---------|-------------------|------------------------------|------|------|
| Benefits covered: Dental services (medical/surgical)  | –       | X                 | –                            | X    | –    |
| Benefits covered: Dental (preventative or corrective)   | –       | X                 | –                            | X    | X    |
| Benefits covered: Personal care (state plan option)   | X       | –                 | –                            | X    | X    |
| Benefits covered: HCBS waiver services  | X       | –                 | –                            | –    | X    |
| Benefits covered: Private duty nursing  | X       | –                 | –                            | X    | –    |
| Benefits covered: ICF-IDD   | X       | –                 | –                            | X    | –    |
| Benefits covered: Nursing facility services   | X       | –                 | –                            | –    | X    |
| Benefits covered: Hospice care  | X       | –                 | –                            | –    | X    |
| Benefits covered: Non-Emergency Medical Transportation  | X       | –                 | X                            | –    | X    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X       | –                 | –                            | –    | –    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –       | –                 | –                            | –    | –    |
| Quality assurance and improvement: HEDIS data required?   | Yes     | No                | No                           | Yes  | No   |
| Quality assurance and improvement: CAHPS data required?   | No      | No                | No                           | Yes  | No   |
| Quality assurance and improvement: Accreditation required?  | No      | No                | No                           | No   | No   |
| Quality assurance and improvement: Accrediting organization   | –       | –                 | –                            | –    | –    |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Qsource | Qsource           | –                            | –    | –    |

| Features   | PASSE  | AR Healthy Smiles                | Non-Emergency Transportation  | PCCM | PACE  |
|--|--|----------------------------------|---|------|---|
| Performance incentives: Payment bonuses/differentials to reward plans                                | –  | –                                | –   | X    | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –  | –                                | –   | –    | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –  | –                                | –   | X    | –   |
| Performance incentives: Withholds tied to performance metrics  | –  | –                                | –   | X    | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | –                                | –   | X    | –   |
| Participating plans: Plans in Program  | Arkansas Total Care; CareSource; Summit Community Care; Empower Healthcare Solutions   | Delta Dental Smiles; MCNA Dental | Central Arkansas Development; Area Agency on Aging of Southeast Arkansas; Southeastrans, Inc. | PCCM | PACE  |
| Notes: Program notes   | This MCO is currently under three different waiver types and each has their own expiration date, as follows: C-Waiver 02/28/2027; B-Waiver 12/31/2026; I-State Plan Amendment 03/01/2024. Members are enrolled into an MCO when an independent assessment shows that they meet tier 2 or tier 3 level of need, due to functional deficits. | –                                | –   | –    | PACE is incorporated into the Arkansas Medicaid State Plan and is not under waiver authority. |

## California: Managed Care Program Features as of 2022

| Features   | County Organized Health Systems (COHS) Model  | Regional Model   | Geographic Managed Care (GMC) Model               | Senior Care Action Network (SCAN)      | Program of All-Inclusive Care for the Elderly (PACE)  | Dental Managed Care/Los Angeles | Dental Managed Care/Sacramento | Two-Plan Model  | Positive Healthcare/Los Angeles |
|--|---|--|---|--|---|---------------------------------|--------------------------------|---|---------------------------------|
| Program type   | Comprehensive MCO + MLTSS   | Comprehensive MCO  | Comprehensive MCO + MLTSS                         | Comprehensive MCO + MLTSS              | PACE  | Dental only (PAHP)              | Dental only (PAHP)             | Comprehensive MCO + MLTSS   | Comprehensive MCO               |
| Statewide or region-specific?  | Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, Yolo | Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, Yuba | Sacramento, San Diego                             | Los Angeles, Riverside, San Bernardino | Alameda, Contra Costa, Fresno, Humboldt, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Kings, Tulare, Madera, San Joaquin, Stanislaus, Kern, Placer, El Dorado, Sutter, Yuba | Los Angeles                     | Sacramento                     | Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, Tulare | Los Angeles                     |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1915(b)   | 1115(a) (Medicaid demonstration waivers), 1915(b)  | 1115(a) (Medicaid demonstration waivers), 1915(b) | 1915(a)                                | PACE  | 1915(b)                         | 1915(b)                        | 1115(a) (Medicaid demonstration waivers), 1915(b)   | 1915(a)                         |
| Program start date   | 10/01/1995  | 10/02/2013   | 06/01/1991  | 01/01/1996                             | 01/01/1998  | 04/01/1998                      | 12/01/1998                     | 01/01/1996  | 04/01/2002                      |
| Waiver expiration date (if applicable)   | 12/31/2026  | 12/31/2026   | 12/31/2026  | 12/31/2026                             | —   | 12/31/2026                      | 12/31/2026                     | 12/31/2026  | 12/31/2026                      |
| If the program ended in 2021, indicate the end date  | —   | —  | —   | —                                      | —   | —                               | —                              | —   | —                               |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | Mandatory  | Mandatory   | —                                      | —   | Voluntary                       | Mandatory                      | Mandatory   | Voluntary                       |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | Mandatory  | Mandatory   | —                                      | —   | Voluntary                       | Mandatory                      | Mandatory   | Voluntary                       |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Mandatory  | Mandatory   | Voluntary                              | Voluntary   | Voluntary                       | Mandatory                      | Mandatory   | —                               |

| Features  | County Organized Health Systems (COHS) Model | Regional Model              | Geographic Managed Care (GMC) Model | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles  | Dental Managed Care/Sacramento   | Two-Plan Model              | Positive Healthcare/Los Angeles |
|---|--|-----------------------------|-------------------------------------|-----------------------------------|--|----------------------------------|----------------------------------|-----------------------------|---------------------------------|
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory                                    | Mandatory                   | Mandatory                           | —                                 | —  | Voluntary                        | Mandatory                        | Mandatory                   | —                               |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)                           | Mandatory                                    | —                           | —                                   | —                                 | —  | Voluntary                        | Mandatory                        | —                           | —                               |
| Populations enrolled: Full Duals  | Mandatory                                    | Voluntary                   | Both                                | Voluntary                         | Voluntary  | Voluntary                        | Mandatory                        | Both                        | Voluntary                       |
| Populations enrolled: Children with Special Health Care Needs   | Mandatory                                    | Mandatory                   | Mandatory                           | —                                 | —  | Voluntary                        | Mandatory                        | Mandatory                   | —                               |
| Populations enrolled: Native American/Alaskan Natives   | Mandatory                                    | Voluntary                   | Voluntary                           | Voluntary                         | Voluntary  | Voluntary                        | Voluntary                        | Voluntary                   | Voluntary                       |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Mandatory                                    | Voluntary                   | Voluntary                           | Exempt                            | Exempt   | Voluntary                        | Voluntary                        | Voluntary                   | Exempt                          |
| Populations enrolled: Enrollment choice period  | Pre-assigned                                 | Other                       | Other                               | —                                 | N/A  | 60 days                          | 60 days                          | Other                       | —                               |
| Populations enrolled: Enrollment broker name (if applicable)  | —  | Health Care Options/MAXIMUS | Health Care Options (Maximus)       | —                                 | —  | Health Care Operations (Maximus) | Health Care Operations (Maximus) | Health Care Options/MAXIMUS | —                               |
| Populations enrolled: Notes on enrollment choice period   | —  | Approximately 45 days       | Approximately 45 days               | —                                 | —  | —                                | —                                | Approximately 45 days       | —                               |
| Benefits covered: Inpatient hospital physical health  | X  | X                           | X                                   | X                                 | X  | —                                | —                                | X                           | X                               |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | —  | —                           | —                                   | —                                 | X  | —                                | —                                | —                           | —                               |
| Benefits covered: Outpatient hospital physical health   | X  | X                           | X                                   | X                                 | X  | —                                | —                                | X                           | X                               |

| Features  | County Organized Health Systems (COHS) Model | Regional Model | Geographic Managed Care (GMC) Model | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles | Dental Managed Care/Sacramento | Two-Plan Model | Positive Healthcare/Los Angeles |
|---|--|----------------|-------------------------------------|-----------------------------------|--|---------------------------------|--------------------------------|----------------|---------------------------------|
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Partial hospitalization                               | —  | —              | —                                   | X                                 | X  | —                               | —                              | —              | —                               |
| Benefits covered: Physician   | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Nurse practitioner                                    | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Rural health clinics and FQHCs                        | X  | X              | X                                   | X                                 | X  | X                               | X                              | X              | X                               |
| Benefits covered: Clinic services                                       | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Lab and x-ray   | X  | X              | X                                   | X                                 | X  | X                               | X                              | X              | X                               |
| Benefits covered: Prescription drugs                                    | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Prosthetic devices                                    | X  | X              | X                                   | X                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: EPSDT   | X  | X              | X                                   | —                                 | X  | X                               | X                              | X              | X                               |
| Benefits covered: Case management                                       | X  | X              | X                                   | X                                 | X  | X                               | X                              | X              | X                               |
| Benefits covered: SSA Section 1945-authorized Health Home               | —  | —              | —                                   | —                                 | —  | —                               | —                              | —              | —                               |
| Benefits covered: Home health services (services in home)               | X  | X              | X                                   | X                                 | —  | —                               | —                              | X              | X                               |
| Benefits covered: Family planning                                       | X  | X              | X                                   | —                                 | X  | —                               | —                              | X              | X                               |
| Benefits covered: Dental services (medical/surgical)                    | —  | —              | —                                   | X                                 | X  | X                               | X                              | —              | —                               |
| Benefits covered: Dental (preventative or corrective)                   | —  | —              | —                                   | X                                 | X  | X                               | X                              | —              | —                               |
| Benefits covered: Personal care (state plan option)                     | —  | —              | —                                   | X                                 | X  | —                               | —                              | —              | —                               |
| Benefits covered: HCBS waiver services                                  | —  | —              | —                                   | —                                 | X  | —                               | —                              | —              | —                               |

| Features  | County Organized Health Systems (COHS) Model   | Regional Model   | Geographic Managed Care (GMC) Model  | Senior Care Action Network (SCAN)  | Program of All-Inclusive Care for the Elderly (PACE)                           | Dental Managed Care/Los Angeles                             | Dental Managed Care/Sacramento                              | Two-Plan Model   | Positive Healthcare/Los Angeles  |
|---|--|--|--|--|--|---|---|--|--|
| Benefits covered: Private duty nursing  | X  | X  | X  | —  | X  | —   | —   | X  | X  |
| Benefits covered: ICF-IDD   | X  | X  | X  | —  | —  | —   | —   | X  | X  |
| Benefits covered: Nursing facility services   | X  | X  | X  | X  | X  | —   | —   | X  | X  |
| Benefits covered: Hospice care  | X  | X  | X  | X  | X  | —   | —   | X  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X  | X  | X  | X  | —   | —   | X  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | —  | —  | —  | —  | —  | —   | —   | —  | —  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and Provisional post-partum care extension (PPCE). | Optional benefits: podiatry, chiropractic services, acupuncture, audiology | Optional benefits: podiatry, chiropractic services, acupuncture, audiology | Optional benefits: podiatry, chiropractic services, acupuncture, audiology | PACE is responsible for covering all Medicaid services, all Medicare services. | —   | —   | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and Provisional post-partum care extension (PPCE). | Optional benefits: podiatry, chiropractic services, acupuncture, audiology, occupational therapy, and speech therapy, and Provisional post-partum care extension (PPCE). |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes  | Yes  | Yes  | No   | Yes   | Yes   | Yes  | Yes  |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes  | Yes  | Yes  | No   | Yes   | Yes   | Yes  | Yes  |
| Quality assurance and improvement: Accreditation required?  | No   | No   | No   | No, but accreditation considered in plan selection criteria                | No   | No, but accreditation considered in plan selection criteria | No, but accreditation considered in plan selection criteria | No   | No   |

| Features   | County Organized Health Systems (COHS) Model | Regional Model                 | Geographic Managed Care (GMC) Model | Senior Care Action Network (SCAN)     | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles                     | Dental Managed Care/Sacramento                      | Two-Plan Model                 | Positive Healthcare/Los Angeles       |
|--|--|--------------------------------|-------------------------------------|---------------------------------------|--|---|---|--------------------------------|---------------------------------------|
| Quality assurance and improvement: Accrediting organization  | –  | –                              | –                                   | –                                     | –  | NCQA, URAC  | NCQA, URAC  | –                              | –                                     |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group               | Health Services Advisory Group | Health Services Advisory Group      | Health Services Advisory Group (HSAG) | –  | Liberty and Health Net: Attest Health Care Advisors | Liberty and Health Net: Attest Health Care Advisors | Health Services Advisory Group | Health Services Advisory Group (HSAG) |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X  | X                              | X                                   | –                                     | –  | –   | –   | X                              | –                                     |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –  | X                              | X                                   | –                                     | –  | –   | –   | X                              | –                                     |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | X                              | X                                   | –                                     | –  | X   | X   | X                              | –                                     |
| Performance incentives: Withholds tied to performance metrics  | –  | –                              | –                                   | –                                     | –  | X   | X   | –                              | –                                     |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | X                              | X                                   | –                                     | –  | X   | X   | X                              | X                                     |

| Features                                 | County Organized Health Systems (COHS) Model   | Regional Model   | Geographic Managed Care (GMC) Model   | Senior Care Action Network (SCAN)                              | Program of All-Inclusive Care for the Elderly (PACE)   | Dental Managed Care/Los Angeles   | Dental Managed Care/Sacramento   | Two-Plan Model   | Positive Healthcare/Los Angeles |
|--|--|--|---|--|--|---|--|--|---------------------------------|
| Participating plans:<br>Plans in Program | CenCal-San Luis Obispo; CenCal - Santa Barbara; Hlth Plan of San Mateo; Partnership HP of CA/ Southeast; Central California Alliance for Health/Santa Cruz and Monterey; CalOPTIMA/Orange; Partnership HealthPlan of CA-Southwest; Central California Alliance for Health Merced; Gold Coast Health Plan Ventura; Partnership HealthPlan of CA/Northwest; Partnership HealthPlan of CA/Northeast | California Health and Wellness Plan/Imperial; Molina Healthcare of California/Imperial; Anthem Blue Cross Partnership Plan-Region 1; Anthem Blue Cross Partnership Plan-Region 2; California Health & Wellness-Region 1; California Health & Wellness-Region 2; Anthem Blue Cross/San Benito | Aetna Better Health-Sacramento; Aetna Better Health-San Diego; Community Health Group-San Diego; Kaiser-San Diego; Molina Healthcare of CA Partner Plan-Sacramento; Molina Healthcare of CA Partner Plan-San Diego; Health Net/Sacramento; Blue Shield of California Promise-San Diego; Kaiser Foundation/Sacramento; Anthem Blue Cross Partnership-Sacramento; Health Net-San Diego; United Health Care- San Diego; Kaiser/Amador; Kaiser/El Dorado; Kaiser/Placer | SCAN Health Plan- Los Angeles; SCAN Health Plan-San Bernardino | Central Valley PACE/San Joaquin; Central Valley PACE /Stanislaus; Sequoia PACE/Fresno; Sequoia PACE /Kings; Sequoia PACE/Tulare; Sequoia PACE/Madera; Neighborhood Healthcare PACE/Riverside; Neighborhood Healthcare PACE/San Bernardino; North East Medical Services PACE; AltaMed Senior Buena Care/Orange; San Diego PACE/San Diego; Humboldt Senior Resource Center, Inc./Humboldt; St. Paul's PACE; On Lok Lifeways/Alameda; On Lok Lifeways/Santa Clara; On Lok Lifeways/San Francisco; Innovative Integrated Health, Inc/Fresno; Family Health Centers/San Diego; Gary and Mary West PACE of Northern San Diego; Pacific PACE/Los Angeles; Stockton PACE/San Joaquin; Stockton PACE/Stanislaus; Innovative Integrated Health, Inc/Tulare; CalOPTIMA PACE/Orange; AltaMed Senior Buenacare/LA; Sutter SeniorCare PACE/Sacramento; Center for Elders Independence/Alameda; Brandman Centers for Senior Care/Los Angeles; Center for Elders Independence/Contra Costa; Innovative Integrated Health | Health Net Dental Plan/Los Angeles; Access Dental Plan/Los Angeles; LIBERTY Dental Plan/Los Angeles | Health Net Dental Plan/Sacramento; LIBERTY Dental Plan/Sacramento; Access Dental Plan/Sacramento | Health Net/Kern; Health Net/Los Angeles; Health Net/San Joaquin; Health Net/Stanislaus; Health Net/Tulare; CalViva Health/Fresno; CalViva Health Kings; CalViva Health/Madera; Anthem Blue Cross Partnership Plan/Fresno; Anthem Blue Cross Partnership Plan/Kings; Anthem Blue Cross Partnership Plan/Madera; Anthem Blue Cross Partnership Plan/Alameda; Anthem Blue Cross Partnership/Contra Costa; Anthem Blue Cross Partnership Plan/San Francisco; Anthem Blue Cross Partnership Plan/Santa Clara; Anthem Blue Cross Partnership Plan/Tulare; Kern Family Health Care; LA Cara Health Plan/ Los Angeles; Contra Costa Health Plan; Alameda Alliance for Health; Inland Empire Health Plan/Riverside; Inland Empire Health Plan/San Bernardino; Molina Healthcare of CA Partner Plan/Riverside; Molina Healthcare | Positive Healthcare/Los Angeles |

| Features             | County Organized Health Systems (COHS) Model  | Regional Model   | Geographic Managed Care (GMC) Model   | Senior Care Action Network (SCAN)  | Program of All-Inclusive Care for the Elderly (PACE)  | Dental Managed Care/Los Angeles | Dental Managed Care/Sacramento | Two-Plan Model   | Positive Healthcare/Los Angeles   |
|----------------------|---|--|---|--|---|---------------------------------|--------------------------------|--|---|
|                      |   |  |   |  | Inc/Kern; Coastline PACE/LA; InnovAge California PACE/Yuba; InnovAge California PACE/Sutter; InnovAge California PACE/Sacramento; InnovAge California PACE/Placer; InnovAge California PACE/EI Dorado; InnovAge PACE/Riverside; InnovAge PACE/San Bernardino County; Innovative Integrated Health PACE/Orange; ConcertoHealth PACE of Los Angeles; InnovAge California PACE/San Joaquin |                                 |                                | of CA Partner Plan/San Bernardino; San Francisco Health Plan; Health Plan of San Joaquin/San Joaquin; Health Plan of San Joaquin/Stanslaus; Santa Clara Family Health Plan   |   |
| Notes: Program notes | Full duals have the option to enroll in Cal-Med-Connect in CCI counties, otherwise, they are mandatory for enrollment. Children with Special Health Care Needs (CSHCN) are mandatory in all COHS counties except Ventura. CSHCN is voluntary in Ventura.<br><br>Until June 30, 2022, the following was in place: A) Prop 56 Value Based Purchasing-Behavioral Health Integration which was implemented via the 5% incentive pool. B) Prop 56 Value Based Purchasing-Medi-Cal managed care plans (MCPs) that will provide directed payments to providers for | San Benito is voluntary due to the only one commercial plan in the county.<br><br>Until June 30, 2022, the following were in place: A) Prop 56 Value Based Purchasing-Behavioral Health Integration which was implemented via the 5% incentive pool. B) Prop 56 Value Based Purchasing-Medi-Cal MCPs that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based payments were | Full duals are mandatory for managed care enrollment in CCI Counties (San Diego) and voluntary for all other counties (Sacramento).<br><br>Until June 30, 2022, the following was in place: A) Prop 56 Value Based Purchasing-Behavioral Health Integration which was implemented via the 5% incentive pool. B) Prop 56 Value Based Purchasing-Medi-Cal MCPs that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments were targeted at physicians that met specific achievement on metrics targeting areas such as behavioral health integration; chronic disease | Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation.<br><br>Optional benefits covered are limited to only beneficiaries in "Exempt Groups" : 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT |   |                                 |                                | Until June 30, 2022, the following was in place: A) Prop 56 Value Based Purchasing-Behavioral Health Integration which was implemented via the 5% incentive pool. B) Prop 56 Value Based Purchasing-Medi-Cal MCPs that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments were targeted at physicians that met specific achievement on metrics targeting areas such as behavioral health integration; chronic disease | Until June 30, 2022, the following was in place: A) Prop 56 Value Based Purchasing-Behavioral Health Integration which was implemented via the 5% incentive pool. B) Prop 56 Value Based Purchasing-Medi-Cal MCPs that will provide directed payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments were targeted at |

| Features | County Organized Health Systems (COHS) Model   | Regional Model   | Geographic Managed Care (GMC) Model  | Senior Care Action Network (SCAN)  | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles | Dental Managed Care/Sacramento | Two-Plan Model  | Positive Healthcare/Los Angeles   |
|----------|--|--|--|--|--|---------------------------------|--------------------------------|---|---|
|          | <p>meeting specific measures aimed at improving care for certain high-cost or high-need populations. These risk-based incentive payments were targeted at physicians that met specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p> <p>Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services are limited to treatment of the spine by means of manual manipulation. Optional benefits covered are limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT; 2) beneficiaries residing in SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries;</p> | <p>targeted at physicians that met specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p> <p>Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation. Optional benefits covered are limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT; 2) beneficiaries residing in SNF (Nursing Facilities Level A and B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in PACE; 6) beneficiaries who receive services at FQHC (excluding Tribal) or RHC.</p> | <p>management; prenatal/post-partum care; and early childhood prevention.</p> <p>Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation. Optional benefits covered are limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age of services rendered pursuant to EPSDT; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in PACE; and 6) beneficiaries who receive services at an FQHC (excluding Tribal) or RHC.</p> <p>Effective January 1, 2022 the following were added: Major Organ Transplants, Rapid Whole Genome Sequencing, Enhanced Care Management, and Community Supports. Effective April 1, 2022, Medi-Cal Rx carved-out coverage for prescriptions billed on a pharmacy claim from the plans, and moved to Medi-Cal FFS. Members are enrolled into the MCP, but can voluntarily</p> | <p>program; 2) beneficiaries residing in a SNF (Nursing Facilities Level A and Level B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in the PACE; and 6) beneficiaries who receive services at an FQHC (excluding Tribal) or RHC.</p> <p>Effective January 1, 2022, Rapid Whole Genome Sequencing was added.</p> |  |                                 |                                | <p>management; prenatal/post-partum care; and early childhood prevention.</p> <p>Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation. Optional benefits covered are limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT; 2) beneficiaries residing in SNF (Nursing Facilities Level A and B, including subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in PACE; 6) beneficiaries who receive services at FQHC (excluding Tribal) or RHC.</p> <p>Effective January 1, 2022 the following services were added: Major Organ Transplants, Rapid Whole Genome</p> | <p>physicians that met specific achievement on metrics targeting areas such as behavioral health integration; chronic disease management; prenatal/post-partum care; and early childhood prevention.</p> <p>Services provided by chiropractors, acting within the scope of their practice as authorized by California law, are covered, except that such services shall be limited to treatment of the spine by means of manual manipulation. Optional benefits covered are limited to only beneficiaries in "Exempt Groups": 1) beneficiaries under 21 years of age for services rendered pursuant to EPSDT; 2) beneficiaries residing in SNF (Nursing Facilities Level A and B, including</p> |

| Features | County Organized Health Systems (COHS) Model  | Regional Model   | Geographic Managed Care (GMC) Model   | Senior Care Action Network (SCAN) | Program of All-Inclusive Care for the Elderly (PACE) | Dental Managed Care/Los Angeles | Dental Managed Care/Sacramento | Two-Plan Model  | Positive Healthcare/Los Angeles   |
|----------|---|--|---|-----------------------------------|--|---------------------------------|--------------------------------|---|---|
|          | <p>5) beneficiaries enrolled in PACE; and 6) beneficiaries who receive services at an FQHC (excluding Tribal) or RHC.</p> <p>Effective January 1, 2022 the following services were added: Rapid Whole Genome Sequencing, Enhanced Care Management, and Community Supports and for Health Plan of San Mateo dental services. Effective April 1, 2022, Medi-Cal Rx carved out coverage for prescriptions billed on a pharmacy claim from the plans, and moved to Medi-Cal FFS. Members are required to be enrolled in the MCP. The MCP is required to allow the member to receive services from an Indian Health Care Provider (IHCP) of their choice regardless of whether the IHCP is a Network Provider.</p> | <p>or RHC.</p> <p>Effective January 1, 2022 the following were added: Major Organ Transplants, Rapid Whole Genome Sequencing, Enhanced Care Management, and Community Supports. Effective April 1, 2022, Medi-Cal Rx carved-out coverage for prescriptions billed on a pharmacy claim from the plans, and moved to Medi-Cal FFS. Members are enrolled into the MCP, but can voluntarily choose to disenroll from the Plan and go into FFS by completing an non-medical exemption form.</p> | <p>choose to disenroll from the plan and go into FFS by completing an non-medical exemption form.</p> |                                   |  |                                 |                                | <p>Sequencing, Enhanced Care Management, and Community Supports. Effective April 1, 2022, Medi-Cal Rx carved-out coverage for prescriptions billed on a pharmacy claim from the plans, and moved to Medi-Cal FFS. Members are enrolled into the MCP, but can voluntarily choose to disenroll from the Plan and go into FFS by completing an non-medical exemption form.</p> | <p>subacute care facilities; 3) beneficiaries who are pregnant; 4) CCS beneficiaries; 5) beneficiaries enrolled in PACE; 6) beneficiaries who receive services at FQHC (excluding Tribal) or RHC.</p> <p>Effective January 1, 2022 the following were added: Major Organ Transplants, Rapid Whole Genome Sequencing, Enhanced Care Management, and Community Supports. Effective April 1, 2022, Medi-Cal Rx carved-out coverage for prescriptions billed on a pharmacy claim from the plans, and moved to Medi-Cal FFS. Members are enrolled into the MCP, but can voluntarily choose to disenroll from the Plan and go into FFS by completing an non-medical exemption form.</p> |

## Colorado: Managed Care Program Features as of 2022

| Features   | Accountable Care Collaborative (ACC)   | Program of All-inclusive Care for the Elderly (PACE)   |
|--|--|--|
| Program type   | Primary Care Case Management Entity (PCCM Entity)  | PACE   |
| Statewide or region-specific?  | Statewide  | Adams, Arapahoe, Broomfield, Denver, Jefferson, Boulder, Weld (Southwest), Pueblo, El Paso, Delta, Montrose  |
| Federal operating authority  | 1915(b)  | PACE   |
| Program start date   | 07/01/2018   | 10/01/1991   |
| Waiver expiration date (if applicable)   | 06/30/2023   | –  |
| If the program ended in 2021, indicate the end date  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory  | –  |
| Populations enrolled: Full Duals   | Mandatory  | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory  | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  | Exempt   |
| Populations enrolled: Enrollment choice period   | Other  | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus Health Services, Inc.  | Maximus Health Services, Inc.  |
| Populations enrolled: Notes on enrollment choice period  | Beneficiaries are passively enrolled and can choose their primary care provider at any time. | There is no enrollment period; existing Medicaid members that meet the level of care may apply for PACE at any time. Members are enrolled on the first of the month. |
| Benefits covered: Inpatient hospital physical health   | X  | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  | X  |
| Benefits covered: Outpatient hospital physical health  | X  | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  | X  |
| Benefits covered: Partial hospitalization  | X  | X  |
| Benefits covered: Physician  | X  | X  |
| Benefits covered: Nurse practitioner   | X  | X  |
| Benefits covered: Rural health clinics and FQHCs   | X  | –  |

| Features  | Accountable Care Collaborative (ACC)  | Program of All-inclusive Care for the Elderly (PACE)   |
|---|---|--|
| Benefits covered: Clinic services   | X   | X  |
| Benefits covered: Lab and x-ray   | X   | X  |
| Benefits covered: Prescription drugs  | X   | X  |
| Benefits covered: Prosthetic devices  | X   | X  |
| Benefits covered: EPSDT   | X   | –  |
| Benefits covered: Case management   | X   | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –   | –  |
| Benefits covered: Home health services (services in home)   | X   | X  |
| Benefits covered: Family planning   | X   | –  |
| Benefits covered: Dental services (medical/surgical)  | X   | X  |
| Benefits covered: Dental (preventative or corrective)   | X   | X  |
| Benefits covered: Personal care (state plan option)   | X   | X  |
| Benefits covered: HCBS waiver services  | X   | –  |
| Benefits covered: Private duty nursing  | X   | X  |
| Benefits covered: ICF-IDD   | X   | –  |
| Benefits covered: Nursing facility services   | X   | X  |
| Benefits covered: Hospice care  | X   | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X   | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X   | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Note that all members enrolled in ACC are eligible for all 1932(a) state plan benefits (most of these benefits are state plan benefits and are paid FFS). They also get benefits covered under the 1915(b) waiver. All plans are responsible for providing behavioral health benefits under the 1915(b) waiver. | PACE is an all-inclusive program. Some of the other available services include optometry, podiatry, rehabilitative services, adult day health center services, and transportation. |
| Quality assurance and improvement: HEDIS data required?   | Yes   | No   |
| Quality assurance and improvement: CAHPS data required?   | Yes   | No   |
| Quality assurance and improvement: Accreditation required?  | No  | No   |
| Quality assurance and improvement: Accrediting organization   | –   | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group, Inc.  | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | X   | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –   | –  |

| Features   | Accountable Care Collaborative (ACC)  | Program of All-inclusive Care for the Elderly (PACE)   |
|--|---|--|
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | —  |
| Performance incentives: Withholds tied to performance metrics  | X   | —  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | —  |
| Participating plans: Plans in Program  | RAE 1: Rocky Mountain Health Plans; RAE 2: Northeast Health Partners; RAE 3: Colorado Access; RAE 4: Health Colorado, Inc.; RAE 5: Colorado Access; RAE 6: Colorado Community Health Alliance; RAE 7: Colorado Community Health Alliance; Denver Health Medicaid Choice (DMHC); Rocky Mountain Health Plans Prime   | InnovAge - Loveland (PACE); VOANS (PACE); TRU Community Care (PACE); InnovAge - Thornton (PACE); Total Longterm Care; Rocky Mountain Health Care Services (PACE); InnovAge - Pueblo (PACE); InnovAge - Aurora (PACE); InnovAge - Lakewood (PACE) |
| Notes: Program notes   | The ACC program has seven regional plans called Regional Accountable Entities (RAEs). The RAEs operate as both PCCM Entity and PIHP program types. The state pays the RAEs a full-risk capitation payment for behavioral health services under the PIHP authority. The RAEs also get an administrative (not risk-based) per member per month payment for functions performed as a PCCM Entity. Denver Health Medicaid Choice (DHMC) and Rocky Mountain Health Plans Prime (RMHP Prime) both operate under MCO authority and receive a physical health capitation. | —  |

## Delaware: Managed Care Program Features as of 2022

| Features   | Diamond State Health Plan & Diamond State Health Plan Plus | Program of All-inclusive Care for the Elderly (PACE) | ModivCare Non-Emergency Medical Transportation |
|--|--|--|--|
| Program type   | Comprehensive MCO + MLTSS                                  | PACE   | NEMT   |
| Statewide or region-specific?  | Statewide  | Statewide  | Statewide                                      |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)                   | PACE   | 1902(a)(70) NEMT                               |
| Program start date   | 01/01/1996   | 02/01/2013   | 07/01/2002                                     |
| Waiver expiration date (if applicable)   | 12/31/2023   | –  | –  |
| If the program ended in 2021, indicate the end date  | –  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  | –  | Mandatory                                      |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  | –  | Mandatory                                      |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  | Voluntary  | Mandatory                                      |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  | –  | Mandatory                                      |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –  | –  |
| Populations enrolled: Full Duals   | Mandatory  | Voluntary  | Mandatory                                      |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  | –  | Mandatory                                      |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory  | Voluntary  | Mandatory                                      |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  | Exempt   | Mandatory                                      |
| Populations enrolled: Enrollment choice period   | Pre-assigned   | N/A  | –  |
| Populations enrolled: Enrollment broker name (if applicable)   | –  | –  | ModivCare                                      |
| Populations enrolled: Notes on enrollment choice period  | –  | –  | –  |
| Benefits covered: Inpatient hospital physical health   | X  | X  | –  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  | X  | –  |
| Benefits covered: Outpatient hospital physical health  | X  | X  | –  |

| Features  | Diamond State Health Plan & Diamond State Health Plan Plus   | Program of All-inclusive Care for the Elderly (PACE) | ModivCare Non-Emergency Medical Transportation |
|---|--|--|--|
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X  | X  | –  |
| Benefits covered: Partial hospitalization   | X  | X  | –  |
| Benefits covered: Physician   | X  | X  | –  |
| Benefits covered: Nurse practitioner  | X  | X  | –  |
| Benefits covered: Rural health clinics and FQHCs  | X  | X  | –  |
| Benefits covered: Clinic services   | X  | X  | –  |
| Benefits covered: Lab and x-ray   | X  | X  | –  |
| Benefits covered: Prescription drugs  | X  | X  | –  |
| Benefits covered: Prosthetic devices  | X  | X  | –  |
| Benefits covered: EPSDT   | X  | –  | –  |
| Benefits covered: Case management   | X  | X  | –  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –  | –  |
| Benefits covered: Home health services (services in home)   | X  | X  | –  |
| Benefits covered: Family planning   | X  | X  | –  |
| Benefits covered: Dental services (medical/surgical)  | X  | X  | –  |
| Benefits covered: Dental (preventative or corrective)   | X  | X  | –  |
| Benefits covered: Personal care (state plan option)   | X  | X  | –  |
| Benefits covered: HCBS waiver services  | X  | X  | –  |
| Benefits covered: Private duty nursing  | X  | X  | –  |
| Benefits covered: ICF-IDD   | –  | X  | –  |
| Benefits covered: Nursing facility services   | X  | X  | –  |
| Benefits covered: Hospice care  | X  | X  | –  |
| Benefits covered: Non-Emergency Medical Transportation  | –  | X  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –  | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Freestanding birth centers, home-delivered meals, emergency response system, home modifications, day habilitation. | –  | –  |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes  | No   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes  | No   |

| Features   | Diamond State Health Plan & Diamond State Health Plan Plus           | Program of All-inclusive Care for the Elderly (PACE)                | ModivCare Non-Emergency Medical Transportation |
|--|--|---|--|
| Quality assurance and improvement: Accreditation required?   | Yes  | No  | No   |
| Quality assurance and improvement: Accrediting organization  | NCQA, NCI-AD   | –   | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Mercer Government Human Services Consulting                          | –   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X  | –   | –  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –  | –   | –  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | –   | –  |
| Performance incentives: Withholds tied to performance metrics  | –  | –   | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | –   | –  |
| Participating plans: Plans in Program  | Highmark Health Options of Delaware; AmeriHealth Caritas of Delaware | PACE Your Life; Saint Francis Life                                  | ModivCare Non-Emergency Medical Transportation |
| Notes: Program notes   | –  | Milford Wellness Village / PACE Your Life Center opened March 2022. | –  |

## District of Columbia: Managed Care Program Features as of 2022

| Features   | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program    | District Dual Choice   | Non-Emergency Medical Transportation |
|--|-------------------------------|--|--|--------------------------------------|
| Program type   | Comprehensive MCO             | Comprehensive MCO  | Comprehensive MCO + MLTSS  | NEMT                                 |
| Statewide or region-specific?  | Statewide                     | Statewide  | Statewide  | Statewide                            |
| Federal operating authority  | 1932(a), 1945 Health Homes    | 1915(a)  | 1915(a)/1915(c)  | 1902(a)(70) NEMT                     |
| Program start date   | 04/01/1994                    | 01/01/1996   | 02/01/2022   | 10/01/2007                           |
| Waiver expiration date (if applicable)   | –                             | –  | –  | –                                    |
| If the program ended in 2021, indicate the end date  | –                             | –  | –  | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                     | –  | –  | –                                    |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                     | –  | –  | –                                    |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                     | Voluntary  | Voluntary  | Mandatory                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                     | –  | –  | –                                    |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                             | –  | –  | Mandatory                            |
| Populations enrolled: Full Duals   | Voluntary                     | Voluntary  | Voluntary  | Mandatory                            |
| Populations enrolled: Children with Special Health Care Needs  |                               | Voluntary  | –  | Mandatory                            |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                     | Voluntary  | Voluntary  | Exempt                               |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt                        | Voluntary  | Exempt   | Mandatory                            |
| Populations enrolled: Enrollment choice period   | 30 days                       | Other  | Other  | –                                    |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus                       | –  | –  | –                                    |
| Populations enrolled: Notes on enrollment choice period  | –                             | Enrollment is voluntary; otherwise beneficiary stays in FFS. | Dually eligible individuals can enroll or disenroll from D-SNP once per Special Election Period (SEP) or during the Medicare Annual Enrollment Period. | –                                    |

| Features  | Medicaid Managed Care Program | Child and Adolescent Supplemental Security Income Program | District Dual Choice | Non-Emergency Medical Transportation |
|---|-------------------------------|---|----------------------|--------------------------------------|
| Benefits covered: Inpatient hospital physical health                    | X                             | X   | X                    | —                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                             | X   | X                    | —                                    |
| Benefits covered: Outpatient hospital physical health                   | X                             | X   | X                    | —                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                             | X   | X                    | —                                    |
| Benefits covered: Partial hospitalization                               | X                             | X   | X                    | —                                    |
| Benefits covered: Physician   | X                             | X   | X                    | —                                    |
| Benefits covered: Nurse practitioner                                    | X                             | X   | X                    | —                                    |
| Benefits covered: Rural health clinics and FQHCs                        | X                             | X   | X                    | —                                    |
| Benefits covered: Clinic services                                       | X                             | X   | X                    | —                                    |
| Benefits covered: Lab and x-ray   | X                             | X   | X                    | —                                    |
| Benefits covered: Prescription drugs                                    | X                             | X   | X                    | —                                    |
| Benefits covered: Prosthetic devices                                    | X                             | X   | X                    | —                                    |
| Benefits covered: EPSDT   | X                             | X   | —                    | —                                    |
| Benefits covered: Case management                                       | X                             | X   | X                    | —                                    |
| Benefits covered: SSA Section 1945-authorized Health Home               | X                             | —   | —                    | —                                    |
| Benefits covered: Home health services (services in home)               | X                             | X   | X                    | —                                    |
| Benefits covered: Family planning                                       | X                             | X   | —                    | —                                    |
| Benefits covered: Dental services (medical/surgical)                    | X                             | X   | X                    | —                                    |
| Benefits covered: Dental (preventative or corrective)                   | X                             | X   | X                    | —                                    |
| Benefits covered: Personal care (state plan option)                     | —                             | X   | X                    | —                                    |
| Benefits covered: HCBS waiver services                                  | —                             | X   | X                    | —                                    |
| Benefits covered: Private duty nursing                                  | —                             | X   | X                    | —                                    |
| Benefits covered: ICF-IDD   | —                             | X   | —                    | —                                    |
| Benefits covered: Nursing facility services                             | —                             | X   | X                    | —                                    |

| Features  | Medicaid Managed Care Program  | Child and Adolescent Supplemental Security Income Program  | District Dual Choice  | Non-Emergency Medical Transportation                        |
|---|--|--|---|---|
| Benefits covered: Hospice care  | X  | X  | X   | —   |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X  | X   | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | X  | —   | —   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Freestanding birth centers, post-stabilization services, tobacco cessation, podiatry, physical therapy, occupational therapy, durable medical equipment (DME), gender reassignment surgery, eyeglasses, emergency services, hearing services, speech therapy, tuberculosis-related services. | Freestanding birth centers, post-stabilization services, tobacco cessation, podiatry, physical therapy, occupational therapy, DME, gender reassignment surgery, eyeglasses, emergency services, hearing services, speech therapy, tuberculosis-related services. | Emergency services, post-stabilization services, adult wellness services, screenings, tobacco cessation counseling. | —   |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes  | Yes   | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes  | Yes   | No  |
| Quality assurance and improvement: Accreditation required?  | Yes  | Yes  | Yes   | No, but accreditation considered in plan selection criteria |
| Quality assurance and improvement: Accrediting organization   | NCQA   | NCQA   | NCQA  | —   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Qlarant  | Qlarant  | Qlarant   | —   |
| Performance incentives: Payment bonuses/differentials to reward plans   | X  | —  | —   | —   |
| Performance incentives: Preferential auto-enrollment to reward plans  | —  | —  | —   | —   |
| Performance incentives: Public reports comparing plan performance on key metrics  | X  | —  | X   | —   |
| Performance incentives: Withholds tied to performance metrics   | X  | —  | —   | —   |

| Features   | Medicaid Managed Care Program   | Child and Adolescent Supplemental Security Income Program  | District Dual Choice                                    | Non-Emergency Medical Transportation  |
|--|---|--|---|---|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –  | X   | –   |
| Participating plans: Plans in Program  | AmeriHealth Caritas District of Columbia; CareFirst Community Health Plan District of Columbia; MedStar Family Choice-DC  | Health Services for Children with Special Needs  | UnitedHealthcare Community Plan of District of Columbia | Medical Transportation Management, Inc.   |
| Notes: Program notes   | <p>Full duals are eligible for enrollment if there is a Medicaid-enrolled dependent child in the household.</p> <p>Nursing Facilities are covered by the MCO for the first 30 consecutive days.</p> <p>The Pay-for-Performance (P4P) program is funded through a pre-determined withhold of each MCO's actuarially sound capitation payments during the applicable period of performance. The withhold is generally the established profit margin for each MCO that is factored into the base per member per month payment rate. Actual P4P results are based on MCO experience during a performance year compared to the baseline. The baseline period used to set targets for each performance metric is determined upon implementation of the P4P program. MCOs must meet the minimum threshold for improvement for all three performance measures in order to earn any portion of the withhold. The P4P program is suspended due to managed care solicitations that have limited successive contract periods and MCOs for effective administration. The District plans to reinstitute quality incentive requirements in future years and continues to monitor MCO performance, absent any monetary withholds.</p> | <p>Aged, blind, or disabled children and adults are eligible up to the age of 26. CASSIP is a comprehensive managed care program under 1915a authority. CASSIP enrollees receive medically necessary services for physical health, behavioral health, nursing home care, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and residential treatment services. Primarily, services are furnished through the EPSDT benefit, as described in 42 USC 1905(a)(4)(B) and 1905(r), 42 CFR 440.40(b) and Subpart B of 42 CFR Part 441, unless otherwise excluded.</p> | –   | <p>The District pays for NEMT only for FFS members; NEMT for managed care members is paid by the District's Medicaid MCOs for low-income adults and children.</p> |

## Florida: Managed Care Program Features as of 2022

| Features   | Dual Eligible Special Needs Plan (DSNP)            | Statewide Medicaid Managed Care - MMA + LTSS              | Statewide Medical Managed Care - MMA Only | Statewide Medical Managed Care - Dental  | Program of All-inclusive Care for the Elderly        | Capitated Non-Emergency Transportation (CNET) |
|--|--|---|---|--|--|---|
| Program type   | Other Prepaid Health Plan (PHP) (limited benefits) | Comprehensive MCO + MLTSS                                 | Comprehensive MCO                         | Dental only (PAHP)                       | Program of All-inclusive Care for the Elderly (PACE) | Non-Emergency Medical Transportation          |
| Statewide or region-specific?  | Statewide  | Statewide   | Statewide                                 | Statewide                                | Statewide  | Statewide                                     |
| Federal operating authority  |  | 1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c) | 1115(a) (Medicaid demonstration waivers)  | 1115(a) (Medicaid demonstration waivers) | PACE   | 1915(b), 1902(a)(70) NEMT                     |
| Program start date   | 1/1/2015   | 06/01/2014  | 06/01/2014                                | 12/01/2018                               | 1/1/2002   | 1/1/2015                                      |
| Waiver expiration date (if applicable)   | –  | 06/30/2030  | 06/30/2030                                | 06/30/2030                               | –  | 06/30/2025                                    |
| If the program ended in 2021, indicate the end date  | –  | –   | –   | –  | –  | –   |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |
| Populations enrolled: Full Duals   | –  | Voluntary   | Voluntary                                 | Mandatory                                | –  | –   |
| Populations enrolled: Children with Special Health Care Needs  | –  | Mandatory   | Mandatory                                 | Mandatory                                | –  | –   |

| Features  | Dual Eligible Special Needs Plan (DSNP) | Statewide Medicaid Managed Care - MMA + LTSS   | Statewide Medical Managed Care - MMA Only  | Statewide Medical Managed Care - Dental  | Program of All-inclusive Care for the Elderly | Capitated Non-Emergency Transportation (CNET)   |
|---|---|--|--|--|---|---|
| Populations enrolled: Native American/Alaskan Natives                   | Exempt                                  | Exempt   | Exempt   | Exempt   | Exempt  | Exempt  |
| Populations enrolled: Foster Care and Adoption Assistance Children      | –                                       | –  | –  | –  | –   | –   |
| Populations enrolled: Enrollment choice period                          | –                                       | Other  | Other  | Other  | N/A   | –   |
| Populations enrolled: Enrollment broker name (if applicable)            | –                                       | Automated Health Systems   | Automated Health Systems   | Automated Health Systems   | –   | Modivcare Solutions, LLC ( For FFS Medicaid Recipients Only) and Medical Transportation Management, Inc. (For FFS Medicaid Recipients Only) |
| Populations enrolled: Notes on enrollment choice period                 | –                                       | Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are given 120 days to choose another plan if they wish to do so. | Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are given 120 days to choose another plan if they wish to do so. | Beneficiaries are enrolled immediately after being determined eligible. Beneficiaries are given 120 days to choose another plan if they wish to do so. | –   | –   |
| Benefits covered: Inpatient hospital physical health                    | X                                       | X  | X  | –  | X   | –   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                                       | X  | X  | –  | X   | –   |
| Benefits covered: Outpatient hospital physical health                   | X                                       | X  | X  | –  | X   | –   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                                       | X  | X  | –  | X   | –   |
| Benefits covered: Partial hospitalization                               | X                                       | X  | X  | –  | X   | –   |
| Benefits covered: Physician   | X                                       | X  | X  | –  | X   | –   |

| Features  | Dual Eligible<br>Special Needs Plan<br>(DSNP) | Statewide Medicaid<br>Managed Care - MMA +<br>LTSS | Statewide Medical<br>Managed Care - MMA<br>Only | Statewide Medical<br>Managed Care -<br>Dental | Program of All-<br>inclusive Care<br>for the Elderly | Capitated Non-<br>Emergency<br>Transportation (CNET) |
|---|---|--|---|---|--|--|
| Benefits covered: Nurse practitioner                      | X   | X  | X   | –   | X  | –  |
| Benefits covered: Rural health clinics and FQHCs          | X   | X  | X   | –   | X  | –  |
| Benefits covered: Clinic services                         | X   | X  | X   | –   | X  | –  |
| Benefits covered: Lab and x-ray                           | X   | X  | X   | X   | X  | –  |
| Benefits covered: Prescription drugs                      | X   | X  | X   | –   | X  | –  |
| Benefits covered: Prosthetic devices                      | X   | X  | X   | –   | X  | –  |
| Benefits covered: EPSDT                                   | X   | X  | X   | X   | –  | –  |
| Benefits covered: Case management                         | X   | X  | –   | –   | X  | –  |
| Benefits covered: SSA Section 1945-authorized Health Home | –   | –  | –   | –   | –  | –  |
| Benefits covered: Home health services (services in home) | X   | X  | X   | –   | X  | –  |
| Benefits covered: Family planning                         | X   | X  | X   | –   | –  | –  |
| Benefits covered: Dental services (medical/surgical)      | X   | –  | –   | X   | X  | –  |
| Benefits covered: Dental (preventative or corrective)     | X   | –  | –   | X   | X  | –  |
| Benefits covered: Personal care (state plan option)       | X   | X  | X   | –   | X  | –  |
| Benefits covered: HCBS waiver services                    | X   | X  |   | –   | X  | –  |
| Benefits covered: Private duty nursing                    | X   | X  | X   | –   | X  | –  |
| Benefits covered: ICF-IDD                                 | X   | X  | –   | –   | –  | –  |
| Benefits covered: Nursing facility services               | X   | X  | –   | –   | X  | –  |
| Benefits covered: Hospice care                            | X   | X  | X   | –   | X  | –  |

| Features  | Dual Eligible Special Needs Plan (DSNP)   | Statewide Medicaid Managed Care - MMA + LTSS  | Statewide Medical Managed Care - MMA Only   | Statewide Medical Managed Care - Dental | Program of All-inclusive Care for the Elderly | Capitated Non-Emergency Transportation (CNET) |
|---|---|---|---|---|---|---|
| Benefits covered: Non-Emergency Medical Transportation  | X   | X   | –   | –                                       | X   | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X   | –   | –   | –                                       | –   | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Allergy Services; Ambulatory Surgical Center Services; Anesthesia Services; Assistive Care Services; Behavioral Health Overlay Services; Cardiovascular Services; Child Health Services Targeted Case Management; Chiropractic Services; Community Behavioral Health Services; County Health Department Services; Dialysis Services; Early Intervention Services; Emergency Transportation Services; Evaluation and Management Services; FQHC Services; Gastrointestinal Services; Genitourinary Services; Hearing Services; Home Health Services; Integumentary Services; Medical Foster Care Services; Mental Health Targeted | Allergy Services; Ambulatory Surgical Center Services; Anesthesia Services; Assistive Care Services; Behavior Analysis Services; Behavioral Health Assessment Services; Behavioral Health Community Support Services; Behavioral Health Intervention Services; Behavioral Health Medication Management Services; Behavioral Health Overlay Services; Behavioral Health Therapy Services; Cardiovascular Services; Child Health Services Targeted Case Management; Chiropractic Services; Community Behavioral Health Services; Consumer-Directed Care Plus Program; County Health Department Clinic; Developmental Disabilities Individual Budgeting Waiver Services; Developmental Disabilities Individual Budgeting Waiver Services; Dialysis Services; DME and Medical Supplies; DME and Medical Supply Services; Specialized; DME and Medical Supply Services; Orthotic and Prosthetic; DME and Medical Supply Services; Respiratory; DME and Medical Supply Services; Wheelchairs, | Allergy Services; Ambulatory Surgical Center Services; Anesthesia Services; Assistive Care Services; Behavior Analysis Services; Behavioral Health Assessment Services; Behavioral Health Community Support Services; Behavioral Health Intervention Services; Behavioral Health Medication Management Services; Behavioral Health Overlay Services; Behavioral Health Therapy Services; Cardiovascular Services; Child Health Services Targeted Case Management; Chiropractic Services; Community Behavioral Health Services; Consumer-Directed Care Plus Program; County Health Department Clinic; Developmental Disabilities Individual Budgeting Waiver Services; Developmental Disabilities Individual Budgeting Waiver Services; Dialysis Services; DME and Medical Supplies; DME and Medical Supply Services; Specialized; | –                                       | –   | –   |

| Features | Dual Eligible Special Needs Plan (DSNP)  | Statewide Medicaid Managed Care - MMA + LTSS   | Statewide Medical Managed Care - MMA Only  | Statewide Medical Managed Care - Dental | Program of All-inclusive Care for the Elderly | Capitated Non-Emergency Transportation (CNET) |
|----------|--|--|--|---|---|---|
|          | Case Management; Neurology Services; Nursing Facility Services; Occupational Therapy Services; Oral and Maxillofacial Surgery Services; Orthopedic Services; Outpatient Hospital Services; Pain Management Services; Personal Care Services; Physical Therapy Services; Podiatry Services; Private Duty Nursing Services; Radiology and Nuclear Medicine Services; Regional Perinatal Intensive Care Center Services; Reproductive Services; Respiratory System Services; Respiratory Therapy Services; Rural Health Clinic Services; Specialized Therapeutic Services; Speech-Language Pathology Services; Statewide Inpatient Psychiatric Program; Transplant Services; Visual Aid Services; Visual Care Services. | Hospital Beds, and Ambulatory Aids; DME and Medical Supply Services: Continence, Ostomy, and Wound Care; DME and Medical Supply Services: Enteral and Parenteral Nutrition; Early Intervention Services; Emergency Transportation Services; Evaluation and Management Services; Florida Assertive Community Treatment Services; Gastrointestinal Services; Genitourinary Services; Hearing Services; HCBS; Home Health Services; Home Health Electronic Visit Verification Program; Hospice Services; Inpatient Hospital Services; Integumentary Services; Intermediate Care Facility for Individuals with Intellectual Disabilities Services; Intermediate Care Services; Laboratory Services; Medicaid Certified School Match Program; Medicaid County Health Department Certified Match Program; Medical Foster Care; Mental Health Targeted Case Management; Neurology Services; Non-Emergency Transportation Services; Nursing Facility Services; Occupational Therapy Services; Oral and Maxillofacial Services; Orthopedic Services; Outpatient Hospital Services; Pain Management Services; Personal Care Services; Physical Therapy Services; Podiatry Services; Prescription Drug Coverage Denials; Prescribed Drug Services; Prescribed | DME and Medical Supply Services: Orthotic and Prosthetic; DME and Medical Supply Services: Respiratory; DME and Medical Supply Services: Wheelchairs, Hospital Beds, and Ambulatory Aids; DME and Medical Supply Services: Continence, Ostomy, and Wound Care; DME and Medical Supply Services: Enteral and Parenteral Nutrition; Early Intervention Services; Emergency Transportation Services; Evaluation and Management Services; Florida Assertive Community Treatment Services; Gastrointestinal Services; Genitourinary Services; Hearing Services; HCBS; Home Health Services; Home Health Electronic Visit Verification Program; Hospice Services; Inpatient Hospital Services; Integumentary Services; Intermediate Care Facility for Individuals with Intellectual Disabilities Services; Intermediate Care Services; Laboratory Services; Medicaid Certified School Match Program; Medicaid County Health Department Certified Match Program; Medical Foster Care; Mental Health Targeted Case Management; Neurology Services; Non-Emergency Transportation Services; Nursing Facility Services; |   |   |   |

| Features | Dual Eligible Special Needs Plan (DSNP) | Statewide Medicaid Managed Care - MMA + LTSS   | Statewide Medical Managed Care - MMA Only  | Statewide Medical Managed Care - Dental | Program of All-inclusive Care for the Elderly | Capitated Non-Emergency Transportation (CNET) |
|----------|---|--|--|---|---|---|
|          |   | Pediatric Extended Care Services; Private Duty Nursing Services; Qualified Evaluator Network; Radiology and Nuclear Medicine Services; Regional Perinatal Intensive Care Center Services; Reproductive Services; Respiratory Therapy Services; Respiratory System Services; Rural Health Clinic; Skilled Services; Speech-Language Pathology Services; State Mental Health; Statewide Inpatient Psychiatric Program; Statewide Medicaid Managed Care Long-term Care Program; Statewide Medicaid Managed Care Long-term Care Waiver Program Prioritization and Enrollment; Targeted Case Management for Children at Risk of Abuse and Neglect; Therapeutic Group Care Services; Specialized Therapeutic Services; Transplant Services; Visual Aid Services; Visual Care Services. | Occupational Therapy Services; Oral and Maxillofacial Services; Orthopedic Services; Outpatient Hospital Services; Pain Management Services; Personal Care Services; Physical Therapy Services; Podiatry Services; Prescription Drug Coverage Denials; Prescribed Drug Services; Prescribed Pediatric Extended Care Services; Private Duty Nursing Services; Qualified Evaluator Network; Radiology and Nuclear Medicine Services; Regional Perinatal Intensive Care Center Services; Reproductive Services; Respiratory Therapy Services; Respiratory System Services; Rural Health Clinic; Skilled Services; Speech-Language Pathology Services; State Mental Health; Statewide Inpatient Psychiatric Program; Statewide Medicaid Managed Care Long-term Care Program; Statewide Medicaid Managed Care Long-term Care Waiver Program Prioritization and Enrollment; Targeted Case Management for Children at Risk of Abuse and Neglect; Therapeutic Group Care Services; Specialized Therapeutic Services; Transplant Services; Visual Aid Services; Visual Care Services. |   |   |   |

| Features   | Dual Eligible Special Needs Plan (DSNP) | Statewide Medicaid Managed Care - MMA + LTSS | Statewide Medical Managed Care - MMA Only | Statewide Medical Managed Care - Dental | Program of All-inclusive Care for the Elderly | Capitated Non-Emergency Transportation (CNET) |
|--|---|--|---|---|---|---|
| Quality assurance and improvement: HEDIS data required?  | –                                       | Yes  | Yes                                       | Yes                                     | No  | No  |
| Quality assurance and improvement: CAHPS data required?  | –                                       | Yes  | Yes                                       | Yes                                     | No  | No  |
| Quality assurance and improvement: Accreditation required?   | –                                       | Yes  | Yes                                       | Yes                                     | No  | No  |
| Quality assurance and improvement: Accrediting organization  | –                                       | NCQA, AAAHC, URAC                            | NCQA, AAAHC, URAC                         | NCQA, AAAHC, URAC                       | –   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –                                       | Health Services Advisory Group               | Health Services Advisory Group            | Health Services Advisory Group          | –   | –   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –                                       | X  | X   | X                                       | –   | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –                                       | –  | –   | –                                       | –   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –                                       | X  | X   | X                                       | –   | –   |
| Performance incentives: Withholds tied to performance metrics  | –                                       | –  | –   | X                                       | –   | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –                                       | X  | X   | X                                       | –   | –   |

| Features                              | Dual Eligible Special Needs Plan (DSNP)  | Statewide Medicaid Managed Care - MMA + LTSS  | Statewide Medical Managed Care - MMA Only   | Statewide Medical Managed Care - Dental   | Program of All-inclusive Care for the Elderly   | Capitated Non-Emergency Transportation (CNET)                      |
|---------------------------------------|--|---|---|---|---|--|
| Participating plans: Plans in Program | Aetna Health, Inc.; Care Improvement Plus South Central Insurance Comp; CarePlus Health Plans, Inc.; Centene Venture Company Florida; Devoted Health Plan of Florida, Inc.; Doctors Healthcare Plans, Inc.; Florida Blue Medicare, Inc.; Freedom Health, Inc.; Healthspring of Florida, Inc.; HealthSun Health Plans, Inc.; Humana Health Insurance Company of Florida, Inc.; Humana Medical Plan, Inc.; MMM of Florida, Inc.; Molina Healthcare of Florida, Inc.; Optimum Health Care, Inc.; Preferred Care Network, Inc.; Preferred Care Partners, Inc.; Simply Healthcare Plan, Inc.; Solis Health Plans, Inc.; Sunshine State Health Plan, Inc.; Ultimate Health Plans, Inc.; United Healthcare Dual Complete LP; Wellcare Health Insurance of Arizona, Inc. | Aetna Better Health; Florida Community Care; Humana Medical Plan; Molina Healthcare of Florida; Simply Healthcare Plans, Inc.; Sunshine State Health Plan, Inc.; United Healthcare of Florida | Amerihealth; Community Care Plan; Vivida Health; Molina Healthcare of Florida - Specialty Plan; Simply DBA Clear Health Alliance - Specialty Plan; Sunshine State Health Plan - SMI (Specialty Plan); Children's Medical Services Network | DentaQuest of Florida, Inc.; Liberty Dental Plan of Florida, Inc.; Managed Care of North America (MCNA), Inc. | Florida PACE; Hope Select Care; Morselife; Suncoast; The Pace Place                             | Medical Transportation Management, Inc.; Modivcare Solutions, LLC. |
| Notes: Program notes                  | —  | 1915(b)/1915(c) waiver authority expires: 03/31/2027  | —   | —   | PACE is an all-inclusive program that provides HCBS and nursing facility services if necessary. | —  |

## Georgia: Managed Care Program Features as of 2022

| Features   | Georgia Families  | Georgia Families 360 | Planning for Healthy Babies (P4HB)                 | Non-Emergency Medical Transportation |
|--|-------------------|----------------------|--|--------------------------------------|
| Program type   | Comprehensive MCO | Comprehensive MCO    | Other Prepaid Health Plan (PHP) (limited benefits) | Non-Emergency Medical Transportation |
| Statewide or region-specific?  | Statewide         | Statewide            | Statewide  | Statewide                            |
| Federal operating authority  | 1932(a)           | 1932(a)              | 1115(a) (Medicaid demonstration waivers)           | 1902(a)(70) NEMT                     |
| Program start date   | 06/01/2006        | 03/03/2014           | 01/01/2011   | 10/07/1997                           |
| Waiver expiration date (if applicable)   | –                 | –                    | 12/31/2029   | –                                    |
| If the program ended in 2021, indicate the end date  | –                 | –                    | –  | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory         | –                    | –  | Voluntary                            |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                 | –                    | –  | –                                    |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –                 | –                    | –  | Voluntary                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory         | –                    | –  | Voluntary                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                 | –                    | Voluntary  | Voluntary                            |
| Populations enrolled: Full Duals   | –                 | –                    | –  | Voluntary                            |
| Populations enrolled: Children with Special Health Care Needs  | –                 | –                    | –  | Voluntary                            |
| Populations enrolled: Native American/Alaskan Natives  | Exempt            | Exempt               | Exempt   | Exempt                               |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt            | Mandatory            | Exempt   | Mandatory                            |
| Populations enrolled: Enrollment choice period   | 30 days           | 30 days              | Other  | –                                    |
| Populations enrolled: Enrollment broker name (if applicable)   | Gainwell          | Gainwell             | –  | –                                    |

| Features  | Georgia Families | Georgia Families 360 | Planning for Healthy Babies (P4HB)  | Non-Emergency Medical Transportation |
|---|------------------|----------------------|---|--------------------------------------|
| Populations enrolled: Notes on enrollment choice period                 | –                | –                    | Women who are enrolled in the P4HB program are granted a 30 day period to select a care management organization (CMO) of their choice. Once a woman selects a CMO, she transitions to her selected CMO the day following her CMO selection. If the woman does not select a CMO within the 30 day choice period, she is auto assigned to a CMO in order to receive P4HB services, based on an auto assignment algorithm. | –                                    |
| Benefits covered: Inpatient hospital physical health                    | X                | X                    | –   | –                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                | X                    | –   | –                                    |
| Benefits covered: Outpatient hospital physical health                   | X                | X                    | –   | –                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                | X                    | –   | –                                    |
| Benefits covered: Partial hospitalization                               | –                | –                    | –   | –                                    |
| Benefits covered: Physician   | X                | X                    | –   | –                                    |
| Benefits covered: Nurse practitioner                                    | X                | X                    | –   | –                                    |
| Benefits covered: Rural health clinics and FQHCs                        | X                | X                    | –   | –                                    |
| Benefits covered: Clinic services                                       | X                | X                    | –   | –                                    |
| Benefits covered: Lab and x-ray   | X                | X                    | –   | –                                    |
| Benefits covered: Prescription drugs                                    | X                | X                    | –   | –                                    |
| Benefits covered: Prosthetic devices                                    | X                | X                    | –   | –                                    |
| Benefits covered: EPSDT   | X                | X                    | –   | –                                    |
| Benefits covered: Case management                                       | X                | X                    | –   | –                                    |
| Benefits covered: SSA Section 1945-authorized Health Home               | –                | –                    | –   | –                                    |
| Benefits covered: Home health services (services in home)               | –                | –                    | –   | –                                    |

| Features  | Georgia Families                      | Georgia Families 360                  | Planning for Healthy Babies (P4HB) | Non-Emergency Medical Transportation |
|---|---------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|
| Benefits covered: Family planning   | X                                     | –                                     | X                                  | –                                    |
| Benefits covered: Dental services (medical/surgical)  | X                                     | X                                     | –                                  | –                                    |
| Benefits covered: Dental (preventative or corrective)   | X                                     | X                                     | –                                  | –                                    |
| Benefits covered: Personal care (state plan option)   | –                                     | X                                     | –                                  | –                                    |
| Benefits covered: HCBS waiver services  | –                                     | –                                     | –                                  | –                                    |
| Benefits covered: Private duty nursing  | –                                     | –                                     | –                                  | –                                    |
| Benefits covered: ICF-IDD   | X                                     | X                                     | –                                  | –                                    |
| Benefits covered: Nursing facility services   | –                                     | X                                     | –                                  | –                                    |
| Benefits covered: Hospice care  | –                                     | –                                     | –                                  | –                                    |
| Benefits covered: Non-Emergency Medical Transportation  | –                                     | –                                     | –                                  | X                                    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                                     | –                                     | –                                  | –                                    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                                     | Podiatry, Nurse Midwife               | –                                  | –                                    |
| Quality assurance and improvement: HEDIS data required?   | Yes                                   | Yes                                   | No                                 | No                                   |
| Quality assurance and improvement: CAHPS data required?   | Yes                                   | Yes                                   | No                                 | No                                   |
| Quality assurance and improvement: Accreditation required?  | Yes                                   | Yes                                   | No                                 | No                                   |
| Quality assurance and improvement: Accrediting organization   | NCQA, JCAHO                           | NCQA, JCAHO                           | –                                  | –                                    |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group (HSAG) | Health Services Advisory Group (HSAG) | –                                  | –                                    |
| Performance incentives: Payment bonuses/differentials to reward plans   | –                                     | X                                     | –                                  | –                                    |

| Features   | Georgia Families   | Georgia Families 360   | Planning for Healthy Babies (P4HB)                                     | Non-Emergency Medical Transportation   |
|--|--|--|--|--|
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X  | —  | —  | —  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | —  | —  | —  | —  |
| Performance incentives: Withholds tied to performance metrics  | —  | —  | —  | —  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | —  | —  | —  | —  |
| Participating plans: Plans in Program  | Amerigroup Community Care; CareSource Georgia; Peach State Health Plan   | Amerigroup Community Care  | Amerigroup Community Care; CareSource Georgia; Peach State Health Plan | NEMT; NEMT   |
| Notes: Program notes   | Georgia Families is a program that delivers health care services to members of Medicaid and Peach Care for Kids. The program is a partnership between the Department of Community Health (DCH) and private CMOs. Georgia Families provides members a choice of health plans, allowing them to select a health care plan that fits their needs. | Georgia Families 360 enrolls children, youth, and young adults in foster care; children and youth receiving adoption assistance; and select youth involved in the juvenile justice system. | —  | DCH's NEMT services are defined as medically necessary, cost-effective transportation for any eligible Medicaid member (and escort, if required) with no other means of transportation available to any Medicaid-reimbursable service to receive treatment, medical evaluation, obtain prescription drugs or medical equipment. NEMT is a ride-share program and multiple members may be riding in the same vehicle. To provide the necessary non-emergency medical transportation, DCH utilizes a brokerage system—two brokers, ModivCare (formerly LogistiCare) and Southeastrans—coordinate and provide NEMT services for the state's five regions (North, Atlanta, Central, East, and Southwest). NEMT brokers are paid a monthly capitated rate based on the number of eligible Medicaid members residing in their contracted region(s). Transportation services are provided at no cost. |

## Hawaii: Managed Care Program Features as of 2022

| Features   | Med-QUEST  |
|--|--|
| Program type   | Comprehensive MCO + MLTSS  |
| Statewide or region-specific?  | Statewide  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1902(a)(70) NEMT  |
| Program start date   | 08/01/2019   |
| Waiver expiration date (if applicable)   | 07/31/2024   |
| If the program ended in 2020, indicate the end date  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory  |
| Populations enrolled: Full Duals   | Mandatory  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  |
| Populations enrolled: Enrollment choice period   | Other  |
| Populations enrolled: Enrollment broker name (if applicable)   | –  |
| Populations enrolled: Notes on enrollment choice period  | <p>Applicant may select a plan at the time of application and will apply if deemed eligible to enroll in a QUEST Integration plan. In the absence of the member pre-selecting a health plan, during application, he/she is auto-assigned to a QUEST Integration plan and has 60 days to select a health plan. Plan selection applies the first day of the next month.</p> <p>Annual Enrollment: Annual plan change occurs once a year. All members enrolled in a QUEST Integration plan may choose to continue enrollment in the same plan or select a different plan serving the geographic area. Plan selection applies the first day of the new benefit year.</p> |
| Benefits covered: Inpatient hospital physical health   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  |
| Benefits covered: Outpatient hospital physical health  | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  |
| Benefits covered: Partial hospitalization  | X  |
| Benefits covered: Physician  | X  |
| Benefits covered: Nurse practitioner   | X  |
| Benefits covered: Rural health clinics and FQHCs   | X  |
| Benefits covered: Clinic services  | X  |
| Benefits covered: Lab and x-ray  | X  |
| Benefits covered: Prescription drugs   | X  |
| Benefits covered: Prosthetic devices   | X  |
| Benefits covered: EPSDT  | X  |

| Features  | Med-QUEST   |
|---|---|
| Benefits covered: Case management   | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –   |
| Benefits covered: Home health services (services in home)   | X   |
| Benefits covered: Family planning   | X   |
| Benefits covered: Dental services (medical/surgical)  | X   |
| Benefits covered: Dental (preventative or corrective)   | –   |
| Benefits covered: Personal care (state plan option)   | X   |
| Benefits covered: HCBS waiver services  | X   |
| Benefits covered: Private duty nursing  | –   |
| Benefits covered: ICF-IDD   | –   |
| Benefits covered: Nursing facility services   | X   |
| Benefits covered: Hospice care  | X   |
| Benefits covered: Non-Emergency Medical Transportation  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –   |
| Quality assurance and improvement: HEDIS data required?   | Yes   |
| Quality assurance and improvement: CAHPS data required?   | Yes   |
| Quality assurance and improvement: Accreditation required?  | Yes   |
| Quality assurance and improvement: Accrediting organization   | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group  |
| Performance incentives: Payment bonuses/differentials to reward plans   | X   |
| Performance incentives: Preferential auto-enrollment to reward plans  | X   |
| Performance incentives: Public reports comparing plan performance on key metrics  | X   |
| Performance incentives: Withholds tied to performance metrics   | X   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X   |
| Participating plans: Plans in Program   | AlohaCare QUEST Integration; Hawaii Medical Service Association (HMSA) QUEST Integration; Kaiser Foundation Health Plan QUEST Integration; Ohana Health Plan QUEST Integration; UnitedHealthcare Community Plan QUEST Integration |
| Notes: Program notes  | –   |

## Idaho: Managed Care Program Features as of 2022

| Features   | Medicare/Medicaid Coordinated Plan  | Idaho Medicaid Plus   | Idaho Smiles     | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan                                 | Healthy Connections                 |
|--|---|---|------------------|--------------------------------------|--|-------------------------------------|
| Program type   | Comprehensive MCO   | Comprehensive MCO + MLTSS   | Dental only PAHP | NEMT                                 | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Primary Care Case Management (PCCM) |
| Statewide or region-specific?  | Counties: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Cassia, Canyon, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Washington, Valley | Counties: Ada, Adams, Bannock, Benewah, Bingham, Blaine, Boise, Bonner, Bonneville, Boundary, Cassia, Canyon, Clark, Clearwater, Elmore, Fremont, Gem, Gooding, Jefferson, Jerome, Kootenai, Latah, Lincoln, Madison, Minidoka, Nez Perce, Owyhee, Payette, Power, Shoshone, Twin Falls, Washington, Valley | Statewide        | Statewide                            | Statewide  | Statewide                           |
| Federal operating authority  | 1915(a)/1915(c)   | 1915(b)/1915(c)   | 1915(b)          | 1902(a)(70) NEMT                     | 1915(b)/1915(i)  | 1932(a)                             |
| Program start date   | 07/01/2014  | 11/01/2018  | 08/01/2008       | 09/01/2010                           | 09/01/2013   | 10/01/2006                          |
| Waiver expiration date (if applicable)   | 03/31/2028  | 03/31/2028  | 12/31/2027       | –                                    | 12/31/2027   |                                     |
| If the program ended in 2021, indicate the end date  | –   | –   | –                | –                                    | –  | –                                   |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | –   | –   | Mandatory        | Mandatory                            | Mandatory  | Mandatory                           |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –   | –   | Mandatory        | Mandatory                            | Mandatory  | Mandatory                           |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –   | –   | Mandatory        | Mandatory                            | Mandatory  | Mandatory                           |

| Features  | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus | Idaho Smiles | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan | Healthy Connections  |
|---|------------------------------------|---------------------|--------------|--------------------------------------|------------------------------|--|
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | –                                  | –                   | Mandatory    | Mandatory                            | Mandatory                    | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)                           | –                                  | –                   | –            | –                                    | –                            | Voluntary  |
| Populations enrolled: Full Duals  | Voluntary                          | Mandatory           | Voluntary    | Voluntary                            | Voluntary                    | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs   | –                                  | –                   | Mandatory    | Mandatory                            | –                            | –  |
| Populations enrolled: Native American/Alaskan Natives   | Voluntary                          | Voluntary           | Mandatory    | Mandatory                            | Mandatory                    | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Exempt                             | Exempt              | Mandatory    | Mandatory                            | Mandatory                    | Voluntary  |
| Populations enrolled: Enrollment choice period  | –                                  | Other               | –            | –                                    | –                            | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)  | –                                  | –                   | –            | –                                    | –                            | –  |
| Populations enrolled: Notes on enrollment choice period   | –                                  | 90 Days             | –            | –                                    | –                            | After 30 days of eligibility we start a mandatory selection. |
| Benefits covered: Inpatient hospital physical health  | X                                  | X                   | –            | –                                    | –                            | –  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                                  | X                   | –            | –                                    | –                            | –  |
| Benefits covered: Outpatient hospital physical health   | X                                  | X                   | –            | –                                    | –                            | –  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X                                  | X                   | –            | –                                    | X                            | –  |
| Benefits covered: Partial hospitalization   | X                                  | X                   | –            | –                                    | –                            | –  |
| Benefits covered: Physician   | X                                  | X                   | –            | –                                    | X                            | –  |

| Features  | Medicare/Medicaid Coordinated Plan | Idaho Medicaid Plus | Idaho Smiles | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan | Healthy Connections |
|---|------------------------------------|---------------------|--------------|--------------------------------------|------------------------------|---------------------|
| Benefits covered: Nurse practitioner                      | X                                  | X                   | –            | –                                    | X                            | –                   |
| Benefits covered: Rural health clinics and FQHCs          | X                                  | X                   | –            | –                                    | X                            | –                   |
| Benefits covered: Clinic services                         | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Lab and x-ray                           | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Prescription drugs                      | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Prosthetic devices                      | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: EPSDT                                   | –                                  | –                   | –            | –                                    | X                            | –                   |
| Benefits covered: Case management                         | X                                  | X                   | –            | –                                    | X                            | X                   |
| Benefits covered: SSA Section 1945-authorized Health Home | –                                  | –                   | –            | –                                    | –                            | –                   |
| Benefits covered: Home health services (services in home) | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Family planning                         | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Dental services (medical/surgical)      | –                                  | –                   | X            | –                                    | –                            | –                   |
| Benefits covered: Dental (preventative or corrective)     | –                                  | –                   | X            | –                                    | –                            | –                   |
| Benefits covered: Personal care (state plan option)       | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: HCBS waiver services                    | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Private duty nursing                    | X                                  | –                   | –            | –                                    | –                            | –                   |
| Benefits covered: ICF-IDD                                 | –                                  | –                   | –            | –                                    | –                            | –                   |
| Benefits covered: Nursing facility services               | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Hospice care                            | X                                  | X                   | –            | –                                    | –                            | –                   |
| Benefits covered: Non-Emergency Medical Transportation    | –                                  | –                   | –            | X                                    | –                            | –                   |

| Features  | Medicare/Medicaid Coordinated Plan                | Idaho Medicaid Plus                               | Idaho Smiles | Non-Emergency Medical Transportation | Idaho Behavioral Health Plan | Healthy Connections   |
|---|---|---|--------------|--------------------------------------|------------------------------|---|
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   | –   | –            | –                                    | –                            | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Medicaid Primary Services not covered by Medicare | Medicaid Primary Services not covered by Medicare | –            | –                                    | Peer Support, Family Support | –   |
| Quality assurance and improvement: HEDIS data required?   | No  | No  | No           | No                                   | Yes                          | No  |
| Quality assurance and improvement: CAHPS data required?   | No  | No  | Yes          | No                                   | Yes                          | No  |
| Quality assurance and improvement: Accreditation required?  | Yes   | Yes   | Yes          | No                                   | Yes                          | No, but accreditation is considered in plan selection criteria. |
| Quality assurance and improvement: Accrediting organization   | NCQA  | NCQA  | NCQA, AAAHC  | –                                    | NCQA, URAC                   | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Telligen  | Telligen  | –            | –                                    | –                            | –   |
| Performance incentives: Payment bonuses/differentials to reward plans   | –   | –   | –            | –                                    | X                            | X   |
| Performance incentives: Preferential auto-enrollment to reward plans  | –   | –   | –            | –                                    | –                            | –   |
| Performance incentives: Public reports comparing plan performance on key metrics  | X   | X   | –            | –                                    | X                            | –   |
| Performance incentives: Withholds tied to performance metrics   | X   | X   | X            | –                                    | X                            | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X   | X   | –            | –                                    | X                            | –   |

| Features                              | Medicare/Medicaid Coordinated Plan   | Idaho Medicaid Plus  | Idaho Smiles                               | Non-Emergency Medical Transportation    | Idaho Behavioral Health Plan  | Healthy Connections   |
|---------------------------------------|--------------------------------------|--|--|---|-------------------------------|---|
| Participating plans: Plans in Program | Blue Cross of Idaho; Molina of Idaho | Blue Cross of Idaho; Molina of Idaho                             | MCNA (Managed Care of North America, Inc.) | MTM (Medical Transportation Management) | United Healthcare/Optum Idaho | Multiple Primary Care Providers   |
| Notes: Program notes                  | –                                    | Some counties have voluntary enrollment and some have mandatory. | –  | –                                       | –                             | NCQA is the accrediting organization for tier 3 of the Healthy Connections program. |

## Illinois: Managed Care Program Features as of 2022

| Features   | HealthChoice Illinois (HCI)                       | HealthChoice Illinois - Managed Long Term Services and Supports |
|--|---|---|
| Program type   | Comprehensive MCO + MLTSS                         | Comprehensive MCO + MLTSS                                       |
| Statewide or region-specific?  | Statewide   | Statewide   |
| Federal operating authority  | 1915(b)/1915(c), 1932(a)/1915(c), 1932(a)/1915(i) | 1915(b)/1915(c)   |
| Program start date   | 01/01/2018  | —   |
| Waiver expiration date (if applicable)   | —   | —   |
| If the program ended in 2021, indicate the end date  | —   | —   |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | —   | —   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | —   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Mandatory   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | —   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | —   | —   |
| Populations enrolled: Full Duals   | —   | Mandatory   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | —   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Exempt  |
| Populations enrolled: Enrollment choice period   | 30 days   | 30 days   |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus   | Maximus   |
| Populations enrolled: Notes on enrollment choice period  | —   | —   |
| Benefits covered: Inpatient hospital physical health   | X   | —   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | —   |
| Benefits covered: Outpatient hospital physical health  | X   | —   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X   | —   |
| Benefits covered: Partial hospitalization  | X   | —   |
| Benefits covered: Physician  | X   | —   |
| Benefits covered: Nurse practitioner   | X   | —   |

| Features  | HealthChoice Illinois (HCI)  | HealthChoice Illinois - Managed Long Term Services and Supports             |
|---|--|---|
| Benefits covered: Rural health clinics and FQHCs  | X  | —   |
| Benefits covered: Clinic services   | X  | —   |
| Benefits covered: Lab and x-ray   | X  | —   |
| Benefits covered: Prescription drugs  | X  | —   |
| Benefits covered: Prosthetic devices  | X  | —   |
| Benefits covered: EPSDT   | X  | —   |
| Benefits covered: Case management   | X  | —   |
| Benefits covered: SSA Section 1945-authorized Health Home   | —  | —   |
| Benefits covered: Home health services (services in home)   | X  | —   |
| Benefits covered: Family planning   | X  | —   |
| Benefits covered: Dental services (medical/surgical)  | X  | —   |
| Benefits covered: Dental (preventative or corrective)   | X  | —   |
| Benefits covered: Personal care (state plan option)   | X  | —   |
| Benefits covered: HCBS waiver services  | X  | X   |
| Benefits covered: Private duty nursing  | X  | —   |
| Benefits covered: ICF-IDD   | —  | —   |
| Benefits covered: Nursing facility services   | X  | X   |
| Benefits covered: Hospice care  | X  | —   |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | —   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Telehealth, Ambulatory, surgical treatment center, assistive/augmentative communication devices, audiology, other behavioral services, blood and blood components, chiropractic, diabetes prevention, durable medical equipment, immunization, physical/occupational and speech therapy, podiatry, renal dialysis and access services, specialized medical equipment and supplies, vision, peer recovery support services, screening brief intervention and referral to treatment (SBIRT) coverage ages 6 to 64, 1915(i) waiver services for children. | Non-medical behavioral health, telehealth, methadone medication assistance. |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes   |
| Quality assurance and improvement: Accreditation required?  | Yes  | Yes   |
| Quality assurance and improvement: Accrediting organization   | NCQA   | NCQA  |

| Features   | HealthChoice Illinois (HCI)   | HealthChoice Illinois - Managed Long Term Services and Supports  |
|--|---|--|
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group  | Health Services Advisory Group   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X   | X  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X   | X  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | X  |
| Performance incentives: Withholds tied to performance metrics  | X   | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | X  |
| Participating plans: Plans in Program  | Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare; YouthCare   | Aetna Better Health; Blue Cross Community Health Plans; CountyCare Health Plan; Meridian Health; Molina HealthCare   |
| Notes: Program notes   | <p>Managed care plans serve the HCI population, including families and children; adults eligible for Medicaid under the Affordable Care Act; seniors and adults with disabilities who are not eligible for Medicare; enrollees under 1915(c) waivers and receiving MLTSS; and special needs children, former youth in care and youth in care. Low-income pregnant women are mandatorily enrolled into the Program.</p> <p>Pursuant to 305 ILCS 5/5-30(a) and (h), if an MCO is serving at least 5,000 Seniors and Persons with Disabilities or 15,000 individuals in other populations covered by Illinois Medicaid and has received full risk capitation for at least one (1) year, the MCO is considered eligible for accreditation and shall receive accreditation by the NCQA within two (2) years after the date the MCO became eligible for the accreditation. Pay for Performance (P4P) and Reinvestment (P4R) measures incentivize spending on care that produces positive quality of life outcomes and align with the Department's quality strategies. P4P measures are ensured by withholding a percentage amount (withhold) from the MCO's capitation rate. MCOs can earn back the withhold by meeting or exceeding the goals set by the P4P measures. During this reporting period, MCOs applied annual Social Determinants of Health workplans identifying targeted interventions and goals based on MCOs analytics. All investment activities include a focus on equity and quality strategies.</p> | <p>The MLTSS population include Medicare-Medicaid eligible adults receiving certain LTSS. MLTSS customers receive a combination of LTSS, care coordination, and some mental health and transportation services. The Program includes enrollees of multiple 1915(c) waivers, which have different end dates as follows: Persons with Disabilities 1915(c) waiver will expire on 06/30/2026; Elderly 1915(c) waiver will expire on 09/30/2026; Traumatic Brain Injury 1915(c) waiver will expire on 06/30/2027; Supportive Living Facility 1915(c) waiver will expire on 09/30/2027; and HIV/AIDS 1915(c) waiver will expire on 09/30/2028.</p> <p>Pursuant to 305 ILCS 5/5-30 (a) and (h), if an MCO is serving at least 5,000 SPDs (Seniors and Persons with Disabilities) or 15,000 individuals in other populations covered by Illinois Medicaid and has received full-risk capitation for at least one year, the MCO is eligible for accreditation and shall receive accreditation by the NCQA within two years after the date the MCO became eligible for the accreditation. P4P and P4R measures incentivize spending on care that produces positive quality of life outcomes and align with the Department's quality strategies. P4P measures are ensured by withholding a percentage amount (withhold) from the MCO's capitation rate. MCOs can earn back the withhold by meeting or exceeding the goals set by the P4P measures. All investment activities include a focus on equity and quality strategies.</p> |

## Indiana: Managed Care Program Features as of 2022

| Features   | Hoosier Healthwise | Program of All-Inclusive Care for the Elderly (PACE)  | Healthy Indiana Plan                     | Hoosier Care Connect |
|--|--------------------|---|--|----------------------|
| Program type   | Comprehensive MCO  | PACE  | Comprehensive MCO                        | Comprehensive MCO    |
| Statewide or region-specific?  | Statewide          | Marion, Johnson, Lake, Tippecanoe, Montgomery, Benton, Carroll, Clinton, Fountain, White, LaPorte, Porter, St. Joseph, Allen, Fayette, Franklin, Henry, Randolph, Union and Wayne counties, Elkhart, Marshall | Statewide                                | Statewide            |
| Federal operating authority  | 1932(a)            | PACE  | 1115(a) (Medicaid demonstration waivers) | 1915(b)              |
| Program start date   | 01/01/2000         | 10/01/2012  | 02/01/2015                               | 04/01/2015           |
| Waiver expiration date (if applicable)   | –                  | –   | 12/31/2030                               | 03/31/2023           |
| If the program ended in 2021, indicate the end date  | –                  | –   | –  | –                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                  | –   | Mandatory                                | –                    |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                  | –   | Mandatory                                | –                    |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –                  | Voluntary   | –  | Mandatory            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory          | –   | –  | –                    |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                  | –   | –  | –                    |
| Populations enrolled: Full Duals   | –                  | Voluntary   | –  | –                    |
| Populations enrolled: Children with Special Health Care Needs  | –                  | –   | –  | –                    |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary          | Voluntary   | Voluntary                                | Voluntary            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt             | Exempt  | Exempt                                   | Voluntary            |
| Populations enrolled: Enrollment choice period   | Other              | N/A   | Other                                    | 60 days              |

| Features  | Hoosier Healthwise   | Program of All-Inclusive Care for the Elderly (PACE) | Healthy Indiana Plan   | Hoosier Care Connect |
|---|--|--|--|----------------------|
| Populations enrolled: Enrollment broker name (if applicable)            | Maximus  | –  | Maximus  | Maximus              |
| Populations enrolled: Notes on enrollment choice period                 | Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 90-day window to make a health plan change. | –  | Members are auto-assigned if no health plan selection is made at application. Individuals who are auto-assigned have a 60-day window to make a health plan change. Members cannot change plans after having made a POWER account contribution. | –                    |
| Benefits covered: Inpatient hospital physical health                    | X  | X  | X  | X                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | X  | X  | X                    |
| Benefits covered: Outpatient hospital physical health                   | X  | X  | X  | X                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X  | X  | X  | X                    |
| Benefits covered: Partial hospitalization                               | X  | X  | X  | X                    |
| Benefits covered: Physician   | X  | X  | X  | X                    |
| Benefits covered: Nurse practitioner                                    | X  | X  | X  | X                    |
| Benefits covered: Rural health clinics and FQHCs                        | X  | X  | X  | X                    |
| Benefits covered: Clinic services                                       | X  | X  | X  | X                    |
| Benefits covered: Lab and x-ray   | X  | X  | X  | X                    |
| Benefits covered: Prescription drugs                                    | X  | X  | X  | X                    |
| Benefits covered: Prosthetic devices                                    | X  | X  | X  | X                    |
| Benefits covered: EPSDT   | X  | –  | X  | X                    |
| Benefits covered: Case management                                       | X  | X  | X  | X                    |
| Benefits covered: SSA Section 1945-authorized Health Home               | –  | –  | –  | –                    |
| Benefits covered: Home health services (services in home)               | X  | –  | X  | –                    |
| Benefits covered: Family planning                                       | X  | X  | X  | X                    |
| Benefits covered: Dental services (medical/surgical)                    | X  | –  | X  | X                    |
| Benefits covered: Dental (preventative or corrective)                   | X  | X  | X  | X                    |

| Features  | Hoosier Healthwise             | Program of All-Inclusive Care for the Elderly (PACE) | Healthy Indiana Plan           | Hoosier Care Connect           |
|---|--------------------------------|--|--------------------------------|--------------------------------|
| Benefits covered: Personal care (state plan option)   | –                              | X  | –                              | –                              |
| Benefits covered: HCBS waiver services  | –                              | –  | –                              | –                              |
| Benefits covered: Private duty nursing  | –                              | X  | –                              | –                              |
| Benefits covered: ICF-IDD   | –                              | –  | –                              | –                              |
| Benefits covered: Nursing facility services   | X                              | X  | X                              | X                              |
| Benefits covered: Hospice care  | X                              | X  | X                              | X                              |
| Benefits covered: Non-Emergency Medical Transportation  | X                              | X  | X                              | X                              |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X                              | –  | X                              | X                              |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Podiatry, Chiropractic, Vision | –  | Podiatry, Chiropractic, Vision | Podiatry, Chiropractic, Vision |
| Quality assurance and improvement: HEDIS data required?   | Yes                            | No   | Yes                            | Yes                            |
| Quality assurance and improvement: CAHPS data required?   | Yes                            | No   | Yes                            | Yes                            |
| Quality assurance and improvement: Accreditation required?  | Yes                            | No   | Yes                            | Yes                            |
| Quality assurance and improvement: Accrediting organization   | NCQA                           | –  | NCQA                           | NCQA                           |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Qsource                        | –  | Qsource                        | Qsource                        |
| Performance incentives: Payment bonuses/differentials to reward plans   | X                              | –  | X                              | X                              |
| Performance incentives: Preferential auto-enrollment to reward plans  | X                              | –  | X                              | X                              |
| Performance incentives: Public reports comparing plan performance on key metrics  | X                              | –  | X                              | X                              |

| Features   | Hoosier Healthwise   | Program of All-Inclusive Care for the Elderly (PACE)  | Healthy Indiana Plan  | Hoosier Care Connect   |
|--|--|---|---|--|
| Performance incentives: Withholds tied to performance metrics  | X  | –   | X   | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | –   | X   | X  |
| Participating plans: Plans in Program  | Mdwise; Managed Health Services; Anthem; Caresource Indiana, Inc.  | Franciscan Senior Health and Wellness-DYER; Franciscan Senior Health and Wellness-Indy; Franciscan Senior Health and Wellness- Michigan City; Pace of Northeast Indiana; Reid Health Pace Center; Saint Joseph Pace | Anthem; Caresource Indiana, Inc.; Mdwise; Managed Health Services   | Anthem; United Healthcare Community Plan; Managed Health Services  |
| Notes: Program notes   | IMD stays are primarily covered under Indiana's SMI waiver. Nursing facility and home health care is limited to short term needs, up to 60 days from the date of admission for Hoosier Healthwise. | In 2022, Indiana saw an expansion to PACE programs with current plans expanding and new plans being added.  | Home health and nursing facility care is covered for no more than 100 days. IMD stays are primarily covered under Indiana's SMI waiver. | Home health and nursing facility care is covered for no more than 30 days. IMD stays are primarily covered under Indiana's SMI waiver. |

## Iowa: Managed Care Program Features as of 2022

| Features   | IA Health Link   | Program of All-inclusive Care for the Elderly (PACE) | Dental Wellness Plan                     | Non-Emergency Medical Transportation (NEMT) |
|--|--|--|--|---|
| Program type   | Comprehensive MCO + MLTSS  | PACE   | Dental only PAHP                         | NEMT  |
| Statewide or region-specific?  | Statewide  | Statewide  | Statewide                                | Statewide                                   |
| Federal operating authority  | 1915(b), 1915(b)/1915(c), 1937 Alt Benefit Plan, 1945 Health Homes | PACE   | 1115(a) (Medicaid demonstration waivers) | 1902(a)(70) NEMT                            |
| Program start date   | 04/01/2016   | 08/01/2018   | 05/01/2014                               | 01/01/2009                                  |
| Waiver expiration date (if applicable)   | 03/31/2026   | –  | 12/31/2024                               | –   |
| If the program ended in 2021, indicate the end date  | –  | –  | –  | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  | –  | Mandatory                                | Mandatory                                   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  | –  | Mandatory                                | Mandatory                                   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  | Voluntary  | –  | Mandatory                                   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  | –  | –  | Mandatory                                   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –  | –  | –   |
| Populations enrolled: Full Duals   | Mandatory  | Voluntary  | Mandatory                                | Mandatory                                   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  | –  | –  | Mandatory                                   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary  | Exempt   | Voluntary                                | Voluntary                                   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  | Exempt   | Exempt                                   | Mandatory                                   |
| Populations enrolled: Enrollment choice period   | Pre-assigned   | N/A  | Pre-assigned                             | –   |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus  | –  | –  | –   |
| Populations enrolled: Notes on enrollment choice period  | –  | –  | –  | –   |

| Features  | IA Health Link | Program of All-inclusive Care for the Elderly (PACE) | Dental Wellness Plan | Non-Emergency Medical Transportation (NEMT) |
|---|----------------|--|----------------------|---|
| Benefits covered: Inpatient hospital physical health                    | X              | X  | –                    | –   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X              | X  | –                    | –   |
| Benefits covered: Outpatient hospital physical health                   | X              | X  | –                    | –   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X              | X  | –                    | –   |
| Benefits covered: Partial hospitalization                               | X              | X  | –                    | –   |
| Benefits covered: Physician   | X              | X  | –                    | –   |
| Benefits covered: Nurse practitioner                                    | X              | X  | –                    | –   |
| Benefits covered: Rural health clinics and FQHCs                        | X              | X  | –                    | –   |
| Benefits covered: Clinic services                                       | X              | X  | –                    | –   |
| Benefits covered: Lab and x-ray   | X              | X  | –                    | –   |
| Benefits covered: Prescription drugs                                    | X              | X  | –                    | –   |
| Benefits covered: Prosthetic devices                                    | X              | X  | –                    | –   |
| Benefits covered: EPSDT   | X              | –  | –                    | –   |
| Benefits covered: Case management                                       | X              | X  | –                    | –   |
| Benefits covered: SSA Section 1945-authorized Health Home               | X              | –  | –                    | –   |
| Benefits covered: Home health services (services in home)               | X              | X  | –                    | –   |
| Benefits covered: Family planning                                       | –              | –  | –                    | –   |
| Benefits covered: Dental services (medical/surgical)                    | X              | X  | X                    | –   |
| Benefits covered: Dental (preventative or corrective)                   | –              | X  | X                    | –   |
| Benefits covered: Personal care (state plan option)                     | X              | X  | –                    | –   |
| Benefits covered: HCBS waiver services                                  | X              | X  | –                    | –   |
| Benefits covered: Private duty nursing                                  | X              | X  | –                    | –   |
| Benefits covered: ICF-IDD   | X              | X  | –                    | –   |
| Benefits covered: Nursing facility services                             | X              | X  | –                    | –   |

| Features  | IA Health Link                            | Program of All-inclusive Care for the Elderly (PACE) | Dental Wellness Plan                          | Non-Emergency Medical Transportation (NEMT) |
|---|---|--|---|---|
| Benefits covered: Hospice care  | X   | X  | –   | –   |
| Benefits covered: Non-Emergency Medical Transportation  | X   | X  | –   | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X   | X  | –   | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Tobacco Cessation; Vision Care Exams      | –  | –   | –   |
| Quality assurance and improvement: HEDIS data required?   | Yes                                       | No   | No  | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes                                       | No   | No  | No  |
| Quality assurance and improvement: Accreditation required?  | Yes                                       | No   | No  | No  |
| Quality assurance and improvement: Accrediting organization   | NCQA                                      | –  | –   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group (HSAG)     | –  | Health Services Advisory Group (HSAG)         | –   |
| Performance incentives: Payment bonuses/differentials to reward plans   | –   | –  | –   | –   |
| Performance incentives: Preferential auto-enrollment to reward plans  | –   | –  | –   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics  | X   | –  | –   | –   |
| Performance incentives: Withholds tied to performance metrics   | X   | –  | X   | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X   | –  | –   | –   |
| Participating plans: Plans in Program   | Amerigroup of Iowa, Inc.; Iowa Total Care | PACE   | Delta Dental of Iowa; MCNA Dental Plans, Inc. | TMS   |

| Features             | IA Health Link  | Program of All-inclusive Care for the Elderly (PACE) | Dental Wellness Plan | Non-Emergency Medical Transportation (NEMT) |
|----------------------|---|--|----------------------|---|
| Notes: Program notes | <p>EPSDT is not covered under Hawki (State CHIP Plan); Private duty nursing and personal care services are covered as a benefit under EPSDT as provided through a home health agency for up to 16 hours per day; ICF/ID Must meet level of care; nursing facility - must meet level of care; Hospice --use utilization management guidelines; IMD &lt;15 days: When the member is served in an IMD for 15 days or less in a calendar month, the MCO reimburses the IMD for the IMD member days using the current weighted average inpatient and hospitalization rate; IMD &gt; 15 days: When the member's stays that exceed the 15 member days permitted the MCI Contractor will not reimburse the IMD for any of the IMD member days in that month; Vision: Routine eye examinations are covered once in a 12-month period; NEMT is available to all IA Health links members except for the Iowa Health and Wellness Plan (IHAWP) Non-Medically Exempt population. Members that have Medically Exempt status are eligible for NEMT services.</p> | –  | –                    | –   |

## Kansas: Managed Care Program Features as of 2022

| Features   | KanCare   | Program of All-inclusive Care for the Elderly (PACE)  |
|--|---|---|
| Program type   | Comprehensive MCO + MLTSS                                   | PACE  |
| Statewide or region-specific?  | Statewide   | Dickinson, Douglas, Ellsworth, Harvey, Jackson, Jefferson, Leavenworth, Lincoln, Lyon, Marion, Marshall, McPherson, Nemaha, Osage, Ottawa, Reno, Rice, Saline, Sedgwick, Shawnee, Pottawatomie, Wabaunsee, and Wyandotte counties |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1945 Health Homes | PACE  |
| Program start date   | 01/01/2013  | 08/01/2002  |
| Waiver expiration date (if applicable)   | 12/31/2023  | –   |
| If the program ended in 2021, indicate the end date  | –   | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –   | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Voluntary   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   |
| Populations enrolled: Full Duals   | Mandatory   | Voluntary   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | –   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Exempt  |
| Populations enrolled: Enrollment choice period   | 60 days   | N/A   |
| Populations enrolled: Enrollment broker name (if applicable)   | Gainwell Technologies                                       | Gainwell Technologies   |
| Populations enrolled: Notes on enrollment choice period  | –   | –   |
| Benefits covered: Inpatient hospital physical health   | X   | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | X   |
| Benefits covered: Outpatient hospital physical health  | X   | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X   | X   |
| Benefits covered: Partial hospitalization  | –   | X   |
| Benefits covered: Physician  | X   | X   |

| Features  | KanCare                            | Program of All-inclusive Care for the Elderly (PACE)                                       |
|---|------------------------------------|--|
| Benefits covered: Nurse practitioner  | X                                  | X  |
| Benefits covered: Rural health clinics and FQHCs  | X                                  | –  |
| Benefits covered: Clinic services   | X                                  | X  |
| Benefits covered: Lab and x-ray   | X                                  | X  |
| Benefits covered: Prescription drugs  | X                                  | X  |
| Benefits covered: Prosthetic devices  | X                                  | X  |
| Benefits covered: EPSDT   | X                                  | –  |
| Benefits covered: Case management   | X                                  | –  |
| Benefits covered: SSA Section 1945-authorized Health Home   | X                                  | –  |
| Benefits covered: Home health services (services in home)   | X                                  | X  |
| Benefits covered: Family planning   | X                                  | –  |
| Benefits covered: Dental services (medical/surgical)  | X                                  | X  |
| Benefits covered: Dental (preventative or corrective)   | X                                  | X  |
| Benefits covered: Personal care (state plan option)   | X                                  | –  |
| Benefits covered: HCBS waiver services  | X                                  | –  |
| Benefits covered: Private duty nursing  | –                                  | –  |
| Benefits covered: ICF-IDD   | X                                  | –  |
| Benefits covered: Nursing facility services   | X                                  | X  |
| Benefits covered: Hospice care  | X                                  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | –                                  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X                                  | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                                  | Adult day care, recreational therapy, meals, social services, social work counseling, etc. |
| Quality assurance and improvement: HEDIS data required?   | Yes                                | No   |
| Quality assurance and improvement: CAHPS data required?   | Yes                                | No   |
| Quality assurance and improvement: Accreditation required?  | Yes                                | No   |
| Quality assurance and improvement: Accrediting organization   | NCQA                               | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Kansas Foundation for Medical Care | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | –                                  | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –                                  | –  |
| Performance incentives: Public reports comparing plan performance on key metrics  | X                                  | –  |

| Features   | KanCare   | Program of All-inclusive Care for the Elderly (PACE) |
|--|---|--|
| Performance incentives: Withholds tied to performance metrics  | X   | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –  |
| Participating plans: Plans in Program  | Aetna Better Health of Kansas; Sunflower State Health Plan; United HealthCare Community Plan of Kansas                                    | Via Christi; Midland Care; Bluestem PACE, Inc.       |
| Notes: Program notes   | Kansas operates the Kancare Medicaid managed care program under the 1115(a) demonstration waiver concurrently with seven 1915(c) waivers. | –  |

## Kentucky: Managed Care Program Features as of 2022

| Features   | Kentucky Managed Care Organization Program | Non-Emergency Medical Transportation |
|--|--|--------------------------------------|
| Program type   | Comprehensive MCO                          | Non-Emergency Medical Transportation |
| Statewide or region-specific?  | Statewide                                  | Statewide                            |
| Federal operating authority  | 1915(b)                                    | 1915(b), 1902(a)(70) NEMT            |
| Program start date   | 11/01/2011                                 | 10/21/2010                           |
| Waiver expiration date (if applicable)   | 12/31/2025                                 | 12/31/2024                           |
| If the program ended in 2020, indicate the end date  | –  | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                                  | Mandatory                            |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                                  | Mandatory                            |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                                  | Mandatory                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                                  | Mandatory                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | Mandatory                            |
| Populations enrolled: Full Duals   | Mandatory                                  | Mandatory                            |
| Populations enrolled: Children with Special Health Care Needs  | –  | –                                    |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                                  | Mandatory                            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                                  | Mandatory                            |
| Populations enrolled: Enrollment choice period   | Other                                      | –                                    |
| Populations enrolled: Enrollment broker name (if applicable)   | –  | –                                    |
| Populations enrolled: Notes on enrollment choice period  | 90 days                                    | –                                    |
| Benefits covered: Inpatient hospital physical health   | X  | –                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  | –                                    |
| Benefits covered: Outpatient hospital physical health  | X  | –                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  | –                                    |
| Benefits covered: Partial hospitalization  | X  | –                                    |
| Benefits covered: Physician  | X  | –                                    |
| Benefits covered: Nurse practitioner   | X  | –                                    |
| Benefits covered: Rural health clinics and FQHCs   | X  | –                                    |
| Benefits covered: Clinic services  | X  | –                                    |
| Benefits covered: Lab and x-ray  | X  | –                                    |
| Benefits covered: Prescription drugs   | X  | –                                    |
| Benefits covered: Prosthetic devices   | X  | –                                    |

| Features  | Kentucky Managed Care Organization Program   | Non-Emergency Medical Transportation |
|---|--|--------------------------------------|
| Benefits covered: EPSDT   | X  | –                                    |
| Benefits covered: Case management   | X  | –                                    |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –                                    |
| Benefits covered: Home health services (services in home)   | –  | –                                    |
| Benefits covered: Family planning   | X  | –                                    |
| Benefits covered: Dental services (medical/surgical)  | X  | –                                    |
| Benefits covered: Dental (preventative or corrective)   | X  | –                                    |
| Benefits covered: Personal care (state plan option)   | X  | –                                    |
| Benefits covered: HCBS waiver services  | –  | –                                    |
| Benefits covered: Private duty nursing  | X  | –                                    |
| Benefits covered: ICF-IDD   | X  | –                                    |
| Benefits covered: Nursing facility services   | –  | –                                    |
| Benefits covered: Hospice care  | X  | –                                    |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X                                    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –                                    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –  | –                                    |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No                                   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No                                   |
| Quality assurance and improvement: Accreditation required?  | Yes  | No                                   |
| Quality assurance and improvement: Accrediting organization   | NCQA   | –                                    |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | IPRO   | –                                    |
| Performance incentives: Payment bonuses/differentials to reward plans   | –  | –                                    |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  | –                                    |
| Performance incentives: Public reports comparing plan performance on key metrics  | –  | –                                    |
| Performance incentives: Withholds tied to performance metrics   | –  | –                                    |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | –  | –                                    |
| Participating plans: Plans in Program   | Molina; Anthem; UHC; Wellcare; Aetna; Humana | NEMT - Transportation Cabinet        |
| Notes: Program notes  | –  | –                                    |

## Louisiana: Managed Care Program Features as of 2022

| Features  | Healthy Louisiana | Healthy Louisiana  | Dental Benefit Management Program (DBMP) | Coordinated System of Care                                   | PACE  |
|---|-------------------|--|--|--|---|
| Program type  | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Dental only (PAHP)                       | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE)  |
| Statewide or region-specific?                       | Statewide         | Statewide  | Statewide                                | Statewide  | *Baton Rouge, Greater New Orleans, Lafayette: 70112, 70113, 70114, 70115, 70116, 70117, 70118, 70119, 70122, 70124, 70125, 70126, 70127, 70128, 70129, 70130, 70131, 70032, 70043, 70001, 70002, 70003, 70005, 70006, 70053, 70121, 70501, 70503, 70506, 70507, 70508, 70517, 70518, 70520, 70529, 70578, 70583, 70584, 70592, 70704, 70710, 70714, 70719, 70720, 70722, 70729, 70736, 70739, 70748, 70767, 70770, 70775, 70777, 70791, 70801, 70802, 70803, 70804, 70805, 70806, 70807, 70808, 70809, 70810, 70811, 70812, 70813, 70814, 70815, 70816, 70817, 70818, 70819, 70820, 70821, 70822, 70823, 70825, 70826, 70827, 70831, 70833, 70835, 70836, 70837, 70873, 70874, 70879, 70883, 70884, 70891, 70892, 70893, 70894, 70895, 70896, 70898 |
| Federal operating authority                         | 1915(b), 1932(a)  | 1915(b)  | 1915(b)                                  | 1915(b)/1915(c)  | PACE  |
| Program start date                                  | 02/01/2012        | 12/01/2015   | 07/01/2014                               | 03/01/2012   | 09/01/2007  |
| Waiver expiration date (if applicable)              | 06/30/2027        | 06/30/2027   | 06/30/2026                               | 06/30/2027   | –   |
| If the program ended in 2021, indicate the end date | –                 | –  | –  | –  | –   |

| Features   | Healthy Louisiana   | Healthy Louisiana       | Dental Benefit Management Program (DBMP)  | Coordinated System of Care | PACE      |
|--|---|-------------------------|---|----------------------------|-----------|
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –                       | Mandatory   | –                          | –         |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –                       | Mandatory   | –                          | –         |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Both  | Mandatory               | Mandatory   | –                          | –         |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –                       | Mandatory   | –                          | –         |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –                       | –   | –                          | –         |
| Populations enrolled: Full Duals   | –   | Mandatory               | Mandatory   | –                          | Voluntary |
| Populations enrolled: Children with Special Health Care Needs  | Both  | Both                    | Mandatory   | Voluntary                  | –         |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Exempt                  | Mandatory   | Exempt                     | Voluntary |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Mandatory               | Mandatory   | –                          | –         |
| Populations enrolled: Enrollment choice period   | Other   | –                       | Other   | –                          | N/A       |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus Health Services   | Maximus Health Services | Maximus Health Services   | –                          | –         |
| Populations enrolled: Notes on enrollment choice period  | Enrollee has the opportunity to choose an MCO at Medicaid application. If no plan is chosen the enrollee is pre-assigned. | –                       | Enrollee has the opportunity to choose a DBMP at Medicaid application. If no plan is chosen the enrollee is pre-assigned. | –                          | –         |
| Benefits covered: Inpatient hospital physical health   | X   | –                       | –   | –                          | X         |

| Features  | Healthy Louisiana | Healthy Louisiana | Dental Benefit Management Program (DBMP) | Coordinated System of Care | PACE |
|---|-------------------|-------------------|--|----------------------------|------|
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                 | X                 | –  | X                          | X    |
| Benefits covered: Outpatient hospital physical health                   | X                 | –                 | –  | –                          | X    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                 | X                 | –  | X                          | X    |
| Benefits covered: Partial hospitalization                               | –                 | X                 | –  | –                          | –    |
| Benefits covered: Physician   | X                 | X                 | –  | X                          | X    |
| Benefits covered: Nurse practitioner                                    | X                 | X                 | –  | X                          | X    |
| Benefits covered: Rural health clinics and FQHCs                        | X                 | X                 | X  | X                          | X    |
| Benefits covered: Clinic services                                       | X                 | X                 | X  | X                          | X    |
| Benefits covered: Lab and x-ray   | X                 | –                 | X  | –                          | X    |
| Benefits covered: Prescription drugs                                    | X                 | –                 | –  | –                          | X    |
| Benefits covered: Prosthetic devices                                    | X                 | –                 | –  | –                          | X    |
| Benefits covered: EPSDT   | X                 | X                 | X  | X                          | –    |
| Benefits covered: Case management                                       | X                 | X                 | –  | X                          | X    |
| Benefits covered: SSA Section 1945-authorized Health Home               | –                 | –                 | –  | –                          | –    |
| Benefits covered: Home health services (services in home)               | X                 | –                 | –  | –                          | X    |
| Benefits covered: Family planning                                       | X                 | –                 | –  | –                          |      |
| Benefits covered: Dental services (medical/surgical)                    | X                 | –                 | X  | –                          | X    |
| Benefits covered: Dental (preventative or corrective)                   | X                 | –                 | X  | –                          | X    |
| Benefits covered: Personal care (state plan option)                     | X                 | X                 | –  | –                          | X    |
| Benefits covered: HCBS waiver services                                  | –                 | X                 | –  | X                          | X    |
| Benefits covered: Private duty nursing                                  | –                 | –                 | –  | –                          | X    |
| Benefits covered: ICF-IDD   | –                 | –                 | –  | –                          | –    |

| Features   | Healthy Louisiana   | Healthy Louisiana         | Dental Benefit Management Program (DBMP) | Coordinated System of Care   | PACE  |
|--|---|---------------------------|--|--|---|
| Benefits covered: Nursing facility services  | –   | –                         | –  | –  | X   |
| Benefits covered: Hospice care   | X   | –                         | –  | –  | X   |
| Benefits covered: Non-Emergency Medical Transportation   | X   | X                         | –  | –  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit | X   | X                         | –  | –  | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Similar to Private Duty Nursing, Louisiana offers Extended Home Nursing to recipients under 21 only; Certified Nurse Midwives are covered and practice within the scope of their license; Podiatry services are covered, but limited to a list of payable procedures. | –                         | –  | Mental health rehabilitation services including: Psychosocial Rehabilitation, Crisis Intervention, Crisis Stabilization. | All specialized services authorized by IDT, including podiatry. |
| Quality assurance and improvement: HEDIS data required?  | Yes   | Yes                       | Yes                                      | Yes  | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes   | Yes                       | Yes                                      | No   | No  |
| Quality assurance and improvement: Accreditation required?   | Yes   | Yes                       | No                                       | Yes  | No  |
| Quality assurance and improvement: Accrediting organization  | NCQA, URAC  | NCQA                      | –  | NCQA   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)  | IPRO, Myers & Stauffer LC   | IPRO, Myers & Stauffer LC | Myers & Stauffer LC                      | –  | –   |
| Performance incentives: Payment bonuses/differentials to reward plans  | –   | –                         | –  | –  | –   |
| Performance incentives: Preferential auto-enrollment to reward plans   | –   | –                         | –  | –  | –   |

| Features   | Healthy Louisiana   | Healthy Louisiana  | Dental Benefit Management Program (DBMP) | Coordinated System of Care   | PACE   |
|--|---|--|--|--|--|
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | X  | –  | –  | –  |
| Performance incentives: Withholds tied to performance metrics  | X   | X  | –  | –  | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | X  | –  | –  | –  |
| Participating plans: Plans in Program  | Aetna Better Health of Louisiana; AmeriHealth Caritas Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan  | Aetna Better Health of Louisiana; AmeriHealth Caritas Louisiana; Healthy Blue; Louisiana Healthcare Connections; UnitedHealthcare Community Plan   | DentaQuest; MCNA of Louisiana            | Magellan   | PACE - Baton Rouge; PACE - Greater New Orleans; PACE - Lafayette   |
| Notes: Program notes   | Personal care (state plan option) services are available to enrollees aged 0 - 20. Mandatory vs. voluntary enrollment for aged, blind, or disabled children and adults: Some disabled children can voluntarily opt out. | This is a limited benefit MCO program—only behavioral health services and NEMT are covered. These enrollees are individuals who receive FFS Medicaid for most of their health services, including physical health services and prescription benefits. The limited benefit MCO program covers behavioral health services for residents in long-term care facilities, as well as those outside of long-term care facilities. | –  | The PIHP has been required to report on a single HEDIS measures pertaining to follow-up care after hospitalization for mental illness since the program's inception. | Benefits covered -- according to 42 CFR 460.92, the PACE benefit package must include for all participants regardless of source of payment: 1) all Medicare-covered services; 2) all Medicaid covered services (as approved in the state plan); and 3) and other service determined necessary by the participant's interdisciplinary team. |

## Maine: Managed Care Program Features as of 2022

| Features   | MaineCare                           | NEMT                                 |
|--|-------------------------------------|--------------------------------------|
| Program type   | Primary Care Case Management (PCCM) | Non-Emergency Medical Transportation |
| Statewide or region-specific?  | Statewide                           | Statewide                            |
| Federal operating authority  | 1905(t)                             | 1915(b)                              |
| Program start date   | 05/01/1999                          | 08/01/2011                           |
| Waiver expiration date (if applicable)   | –                                   | 03/31/2028                           |
| If the program ended in 2021, indicate the end date  | 06/20/2022                          | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                                   | –                                    |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                                   | –                                    |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                           | Mandatory                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                           | Mandatory                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                                   | –                                    |
| Populations enrolled: Full Duals   | –                                   | Mandatory                            |
| Populations enrolled: Children with Special Health Care Needs  | –                                   | Mandatory                            |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary                           | Mandatory                            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary                           | Mandatory                            |
| Populations enrolled: Enrollment choice period   | N/A                                 | Pre-assigned                         |
| Populations enrolled: Enrollment broker name (if applicable)   | –                                   | –                                    |
| Populations enrolled: Notes on enrollment choice period  | 28 days                             | –                                    |
| Benefits covered: Inpatient hospital physical health   | –                                   | –                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | –                                   | –                                    |
| Benefits covered: Outpatient hospital physical health  | –                                   | –                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | –                                   | –                                    |
| Benefits covered: Partial hospitalization  | –                                   | –                                    |
| Benefits covered: Physician  | –                                   | –                                    |
| Benefits covered: Nurse practitioner   | –                                   | –                                    |
| Benefits covered: Rural health clinics and FQHCs   | –                                   | –                                    |
| Benefits covered: Clinic services  | –                                   | –                                    |
| Benefits covered: Lab and x-ray  | –                                   | –                                    |
| Benefits covered: Prescription drugs   | –                                   | –                                    |
| Benefits covered: Prosthetic devices   | –                                   | –                                    |

| Features  | MaineCare                       | NEMT                                       |
|---|---------------------------------|--|
| Benefits covered: EPSDT   | –                               | –  |
| Benefits covered: Case management   | X                               | –  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                               | –  |
| Benefits covered: Home health services (services in home)   | –                               | –  |
| Benefits covered: Family planning   | –                               | –  |
| Benefits covered: Dental services (medical/surgical)  | –                               | –  |
| Benefits covered: Dental (preventative or corrective)   | –                               | –  |
| Benefits covered: Personal care (state plan option)   | –                               | –  |
| Benefits covered: HCBS waiver services  | –                               | –  |
| Benefits covered: Private duty nursing  | –                               | –  |
| Benefits covered: ICF-IDD   | –                               | –  |
| Benefits covered: Nursing facility services   | –                               | –  |
| Benefits covered: Hospice care  | –                               | –  |
| Benefits covered: Non-Emergency Medical Transportation  | –                               | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                               | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                               | –  |
| Quality assurance and improvement: HEDIS data required?   | Yes                             | No   |
| Quality assurance and improvement: CAHPS data required?   | No                              | No   |
| Quality assurance and improvement: Accreditation required?  | No                              | No   |
| Quality assurance and improvement: Accrediting organization   | NCQA                            | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | –                               | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | X                               | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –                               | –  |
| Performance incentives: Public reports comparing plan performance on key metrics  | X                               | –  |
| Performance incentives: Withholds tied to performance metrics   | –                               | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | –                               | –  |
| Participating plans: Plans in Program   | Multiple Primary Care Providers | ModivCare; Penquis CAP; MidCoast Connector |
| Notes: Program notes  | –                               | –  |

## Maryland: Managed Care Program Features as of 2022

| Features   | HealthChoice  | Program of All-inclusive Care for the Elderly (PACE)   |
|--|---|--|
| Program type   | Comprehensive MCO   | PACE   |
| Statewide or region-specific?  | Statewide   | 21202, 21205, 21206, 21213, 21214, 21217, 21218, 21219, 21220, 21221, 21222, 21224, 21227, 21231, 21237, 21052 |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)  | PACE   |
| Program start date   | 07/01/1997  | 11/01/2002   |
| Waiver expiration date (if applicable)   | 12/31/2026  | –  |
| If the program ended in 2021, indicate the end date  | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –  |
| Populations enrolled: Full Duals   | –   | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory   | Exempt   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | –  |
| Populations enrolled: Enrollment choice period   | Other   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | Maryland Health Benefit Exchange  | –  |
| Populations enrolled: Notes on enrollment choice period  | Individuals may apply for Medicaid and HealthChoice at any time; however, if a plan is not selected at the time of enrollment, auto assignment takes place. Limited windows to change MCOs; once per year right to change after enrollment. | –  |
| Benefits covered: Inpatient hospital physical health   | X   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | –   | –  |
| Benefits covered: Outpatient hospital physical health  | X   | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | –   | –  |
| Benefits covered: Partial hospitalization  | –   | –  |
| Benefits covered: Physician  | X   | X  |
| Benefits covered: Nurse practitioner   | X   | X  |
| Benefits covered: Rural health clinics and FQHCs   | X   | X  |
| Benefits covered: Clinic services  | X   | X  |

| Features  | HealthChoice  | Program of All-inclusive Care for the Elderly (PACE)  |
|---|---|---|
| Benefits covered: Lab and x-ray   | X   | X   |
| Benefits covered: Prescription drugs  | X   | X   |
| Benefits covered: Prosthetic devices  | X   | X   |
| Benefits covered: EPSDT   | X   | –   |
| Benefits covered: Case management   | X   | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –   | –   |
| Benefits covered: Home health services (services in home)   | X   | –   |
| Benefits covered: Family planning   | X   | –   |
| Benefits covered: Dental services (medical/surgical)  | –   | –   |
| Benefits covered: Dental (preventative or corrective)   | –   | –   |
| Benefits covered: Personal care (state plan option)   | –   | X   |
| Benefits covered: HCBS waiver services  | –   | –   |
| Benefits covered: Private duty nursing  | X   | X   |
| Benefits covered: ICF-IDD   | –   | –   |
| Benefits covered: Nursing facility services   | X   | –   |
| Benefits covered: Hospice care  | X   | –   |
| Benefits covered: Non-Emergency Medical Transportation  | X   | –   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Nurse midwives, freestanding birthing centers, podiatry (routine footcare for <21 and diabetics), diabetes prevention and telehealth. | Multidisciplinary assessment and treatment planning; social work services; nutritional counseling; recreational therapy; certain meals; medical specialty services; corrective vision devices; orthotics; hearing aids; dentures; assisted living; and other services determined necessary by the multidisciplinary team to improve and maintain the participant's overall health status. |
| Quality assurance and improvement: HEDIS data required?   | Yes   | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes   | No  |
| Quality assurance and improvement: Accreditation required?  | Yes   | No  |
| Quality assurance and improvement: Accrediting organization   | NCQA  | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Qlarant Quality Solutions, Inc.   | –   |
| Performance incentives: Payment bonuses/differentials to reward plans   | X   | –   |
| Performance incentives: Preferential auto-enrollment to reward plans  |   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics  | X   | –   |

| Features   | HealthChoice  | Program of All-inclusive Care for the Elderly (PACE)   |
|--|---|--|
| Performance incentives: Withholds tied to performance metrics  | –   | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –  |
| Participating plans: Plans in Program  | Aetna Better Health of Maryland; CareFirst BlueCross BlueShield Community Health Plan Maryland; Jai Medical Systems; Kaiser Permanente; Maryland Physicians Care; Priority Partners; MedStar Family Choice; UnitedHealthcare Community Plan; Wellpoint Maryland | Hopkins ElderPlus  |
| Notes: Program notes   | –   | PACE is limited to individuals who live in the PACE catchment area, are ages 55 or older, are determined to meet a nursing facility level of care for more than four months, and are able to be safely maintained in the community at the time of enrollment with PACE services. |

## Massachusetts: Managed Care Program Features as of 2022

| Features   | Primary Care Accountable Care Organization (Primary Care ACO) | Primary Care Clinician Program           | Managed Care Organization (MCO)          | Accountable Care Partnership Plans       | MassHealth BH/SUD PIHP                                       | Senior Care Options  | Plan All-Inclusive Care for the Elderly (PACE)  |
|--|---|--|--|--|--|--|---|
| Program type   | Primary Care Case Management Entity (PCCM Entity)             | PCCM                                     | Comprehensive MCO                        | Comprehensive MCO                        | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Comprehensive MCO + MLTSS  | Program of All-inclusive Care for the Elderly (PACE)  |
| Statewide or region-specific?  | Statewide   | Statewide                                | Statewide                                | Statewide                                | Statewide  | Counties of Barnstable, Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, and Berkshire | Counties of Bristol, Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk, Plymouth, Suffolk, Worcester, Berkshire |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)                      | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers)                     | 1915(a)/1915(c)  | PACE  |
| Program start date   | 03/01/2018  | 01/01/1995                               | 07/07/1998                               | 03/01/2018                               | 07/01/1997   | 07/01/2004   | 07/10/1990  |
| Waiver expiration date (if applicable)   | 09/30/2022  | 09/30/2022                               | 09/30/2022                               | 09/30/2022                               | 09/30/2022   | 12/31/2023   | –   |
| If the program ended in 2021, indicate the end date  | –   | –  | –  | –  | –  | –  | –   |
| Populations enrolled: Low-income adults <u>not</u> covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | Mandatory                                | Mandatory                                | Mandatory                                | Mandatory  | –  | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | Mandatory                                | Mandatory                                | Mandatory                                | Mandatory  | –  | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Mandatory                                | Mandatory                                | Mandatory                                | Mandatory  | Voluntary  | Voluntary   |

| Features  | Primary Care Accountable Care Organization (Primary Care ACO)         | Primary Care Clinician Program  | Managed Care Organization (MCO)   | Accountable Care Partnership Plans                                      | MassHealth BH/SUD PIHP  | Senior Care Options   | Plan All-Inclusive Care for the Elderly (PACE) |
|---|---|---|---|---|---|---|--|
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance) | Mandatory   | Mandatory   | Mandatory   | Mandatory   | Mandatory   | –   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)                           | –   | –   | –   | –   | –   | –   | –  |
| Populations enrolled: Full Duals  | –   | –   | –   | –   | Mandatory   | Voluntary   | Voluntary                                      |
| Populations enrolled: Children with Special Health Care Needs   | Mandatory   | Mandatory   | Mandatory   | Mandatory   | Mandatory   | –   | –  |
| Populations enrolled: Native American/Alaskan Natives   | Mandatory   | Mandatory   | Mandatory   | Mandatory   | Mandatory   | Voluntary   | Voluntary                                      |
| Populations enrolled: Foster Care and Adoption Assistance Children  | Voluntary   | Voluntary   | Voluntary   | Voluntary   | Voluntary   | –   | –  |
| Populations enrolled: Enrollment choice period  | Other   | N/A   | Other   | Other   | Other   | Other   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)  | Maximus until 12/2/21, Automated Health Systems (12/3/2021 - present) | Maximus until 12/2/2022, Automated Health Systems (12/3/2022 - present) | Maximus until 12/2/2021, Automated Health Systems (12/3/2021 - present) | Maximus until 12/2/2021, Automated Health Systems (12/3/2021 - present) | Maximus until 12/2/2021, Automated Health Systems (12/3/2021 - present) | Maximus until 12/2/2021, Automated Health Systems (12/3/2021 - present) | –  |

| Features   | Primary Care Accountable Care Organization (Primary Care ACO)  | Primary Care Clinician Program | Managed Care Organization (MCO)  | Accountable Care Partnership Plans   | MassHealth BH/SUD PIHP | Senior Care Options  | Plan All-Inclusive Care for the Elderly (PACE) |
|--|--|--------------------------------|--|--|------------------------|--|--|
| Populations enrolled:<br>Notes on enrollment choice period                 | 14 days with 90-day plan selection period for new enrollees. Annual 90-day plan selection period for existing enrollees. | –                              | 14 days with a 90-day plan selection period for new enrollees. Annual 90-day plan selection period for existing enrollees. | 14 days with a 90-day selection period for new enrollees. Annual 90-day selection period for existing enrollees. | Daily                  | Medicaid members are eligible to enroll all year, with enrollment effective the first day of the month following the month in which the member decided to enroll. Dual eligible members are eligible to enroll in accordance with the Medicare Advantage enrollment period, with enrollment effective the first day of the month following the month in which the member decided to enroll, to the extent that they have a quarterly Special Election Period (SEP) or other SEP available. | –  |
| Benefits covered:<br>Inpatient hospital physical health                    | –  | –                              | X  | X  | –                      | X  | X  |
| Benefits covered:<br>Inpatient hospital behavioral health (MH and/or SUD)  | –  | –                              | X  | X  | X                      | –  | X  |
| Benefits covered:<br>Outpatient hospital physical health                   | –  | –                              | X  | X  | –                      | X  | X  |
| Benefits covered:<br>Outpatient hospital behavioral health (MH and/or SUD) | –  | –                              | X  | X  | X                      | X  | X  |
| Benefits covered:<br>Partial hospitalization                               | –  | –                              | X  | X  | X                      | X  | X  |
| Benefits covered:<br>Physician   | –  | –                              | X  | X  | X                      | X  | X  |

| Features  | Primary Care Accountable Care Organization (Primary Care ACO) | Primary Care Clinician Program | Managed Care Organization (MCO) | Accountable Care Partnership Plans | MassHealth BH/SUD PIHP | Senior Care Options | Plan All-Inclusive Care for the Elderly (PACE) |
|---|---|--------------------------------|---------------------------------|------------------------------------|------------------------|---------------------|--|
| Benefits covered: Nurse practitioner                      | –   | –                              | X                               | X                                  | X                      | X                   | X  |
| Benefits covered: Rural health clinics and FQHCs          | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Clinic services                         | –   | –                              | X                               | X                                  | X                      | X                   | X  |
| Benefits covered: Lab and x-ray                           | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Prescription drugs                      | –   | –                              | X                               | X                                  | X                      | X                   | X  |
| Benefits covered: Prosthetic devices                      | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: EPSDT                                   | –   | –                              | X                               | X                                  | –                      | –                   | –  |
| Benefits covered: Case management                         | X   | X                              | X                               | X                                  | X                      | X                   | X  |
| Benefits covered: SSA Section 1945-authorized Health Home | –   | –                              | –                               | –                                  | –                      | –                   | –  |
| Benefits covered: Home health services (services in home) | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Family planning                         | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Dental services (medical/surgical)      | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Dental (preventative or corrective)     | –   | –                              | –                               | –                                  | –                      | X                   | X  |
| Benefits covered: Personal care (state plan option)       | –   | –                              | –                               | –                                  | –                      | X                   | X  |
| Benefits covered: HCBS waiver services                    | –   | –                              | –                               | –                                  | –                      | X                   | –  |
| Benefits covered: Private duty nursing                    | –   | –                              | X                               | –                                  | –                      | X                   | X  |
| Benefits covered: ICF-IDD                                 | –   | –                              | –                               | –                                  | –                      | X                   | X  |

| Features  | Primary Care Accountable Care Organization (Primary Care ACO) | Primary Care Clinician Program | Managed Care Organization (MCO) | Accountable Care Partnership Plans | MassHealth BH/SUD PIHP | Senior Care Options | Plan All-Inclusive Care for the Elderly (PACE) |
|---|---|--------------------------------|---------------------------------|------------------------------------|------------------------|---------------------|--|
| Benefits covered: Nursing facility services   | –   | –                              | –                               | X                                  | –                      | X                   | X  |
| Benefits covered: Hospice care  | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Non-Emergency Medical Transportation  | –   | –                              | X                               | X                                  | –                      | X                   | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   | –                              | X                               | X                                  | X                      | –                   | –  |

| Features  | Primary Care Accountable Care Organization (Primary Care ACO) | Primary Care Clinician Program | Managed Care Organization (MCO)  | Accountable Care Partnership Plans   | MassHealth BH/SUD PIHP  | Senior Care Options  | Plan All-Inclusive Care for the Elderly (PACE)   |
|---|---|--------------------------------|--|--|---|--|--|
| Benefits covered:<br>Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | –   | –                              | Acupuncture, audiology, breast pump, chiropractic, diabetes self-management, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, NF (provided at a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, and home health (nursing and therapies). LTSS are covered through FFS (Note: this list is not fully inclusive). | Acupuncture, audiology, breast pump, chiropractic, diabetes self-management, dialysis, DME, early intervention, emergency services, fluoride varnish, hearing aids, infertility diagnosis, dentures, medical nutrition therapy, orthotics, podiatry, radiology and diagnostic tests, tobacco cessation, vision care, speech therapy, occupational therapy, physical therapy, NF (provided at either a nursing facility, chronic or rehabilitation hospital or any combination thereof) up to 100 days per contract year per enrollee, and Home Health (nursing and therapies). LTSS are covered through FFS. (Note: this list is not fully inclusive). | Children's Behavioral Health Initiative (CBHI) services, Emergency Services Program, and Diversionary Services: Community Crisis Stabilization, Community-Based Acute Treatment for Children and Adolescents (CBAT), Acute Treatment Services (ATS) for Substance Use Disorders (Level III-7), Clinical Support Services (CSS) for Substance Use Disorders (Level III.5), and Transitional. | All MassHealth covered LTSS and all services described in the Commonwealth 1915(c) Frail Elder Waiver. | The PACE program covers all medically necessary services for the enrolled population, including but not limited to all covered Medicare and Medicaid services. |
| Quality assurance and improvement: HEDIS data required?   | No  | No                             | Yes  | Yes  | Yes   | Yes  | No   |
| Quality assurance and improvement: CAHPS data required?   | No  | No                             | Yes  | Yes  | No  | Yes  | No   |

| Features   | Primary Care Accountable Care Organization (Primary Care ACO)                     | Primary Care Clinician Program   | Managed Care Organization (MCO)            | Accountable Care Partnership Plans  | MassHealth BH/SUD PIHP                      | Senior Care Options   | Plan All-Inclusive Care for the Elderly (PACE)  |
|--|---|----------------------------------|--|---|---|---|---|
| Quality assurance and improvement: Accreditation required?   | No  | No                               | Yes  | Yes   | Yes   | No  | No  |
| Quality assurance and improvement: Accrediting organization  | –   | –                                | NCQA                                       | NCQA  | NCQA  | –   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Innovative Resource Group, LLC D/B/A Kepro  | –                                | Innovative Resource Group, LLC D/B/A Kepro | Innovative Resource Group, LLC D/B/A Kepro  | Innovative Resource Group, D/B/A Kepro      | Innovative Resource Group, D/B/A Kepro  | –   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X   | –                                | X  | X   | X   | –   | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –                                | –  | –   | –   | –   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | –                                | X  | X   | X   | X   | –   |
| Performance incentives: Withholds tied to performance metrics  | X   | –                                | X  | X   | –   | –   | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –                                | X  | X   | –   | X   | –   |
| Participating plans: Plans in Program  | Mass General Brigham ACO; Community Care Cooperative, Inc.; Steward Health Choice | Multiple Primary Care Clinicians | Tufts Health Together; BMC HealthNet Plan  | Cambridge Health Alliance (CHA) in partnership with Tufts Health Public Plans (THPP); Atrius Health in partnership with THPP; Beth Israel Deaconess Care Organization (BIDCO) in partnership with | Massachusetts Behavioral Health Partnership | Boston Medical Center Healthnet Plan; Commonwealth Care Alliance; Navicare HMO; Senior Whole Health; Tufts Health Plan; United Healthcare | Element Care Inc; Serenity Care PACE Program; Mercy Life Inc; Neighborhood PACE; Elder Service Plan of Cambridge Health Alliance; Upham's Elder Service Plan; Elder Service Plan of |

| Features | Primary Care Accountable Care Organization (Primary Care ACO) | Primary Care Clinician Program | Managed Care Organization (MCO) | Accountable Care Partnership Plans   | MassHealth BH/SUD PIHP | Senior Care Options | Plan All-Inclusive Care for the Elderly (PACE) |
|----------|---|--------------------------------|---------------------------------|--|------------------------|---------------------|--|
|          |   |                                |                                 | THPP; Boston Children's Health ACO in partnership with THPP; Merrimack Valley ACO in partnership with AllWays Health Partners (My Care Family); Baystate Health Care Alliance in partnership with Health New England (Be Healthy Partnership); Boston Accountable Care Organization in partnership with BMC HealthNet Plan; Mercy Medical Center in partnership with BMC HealthNet Plan; Signature Healthcare in partnership with BMC HealthNet Plan; Southcoast Health in partnership with BMC HealthNet Plan; Health Collaborative of the Berkshires in partnership with Fallon Health; Reliant Medical Group in partnership with Fallon Health; Wellforce in partnership with Fallon Health |                        |                     | Harbor Health; Fallon Health Summit Eldercare  |

| Features             | Primary Care Accountable Care Organization (Primary Care ACO)  | Primary Care Clinician Program  | Managed Care Organization (MCO)  | Accountable Care Partnership Plans | MassHealth BH/SUD PIHP   | Senior Care Options | Plan All-Inclusive Care for the Elderly (PACE)           |
|----------------------|--|---|--|------------------------------------|--|---------------------|--|
| Notes: Program notes | <p>Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership.</p> <p>MassHealth does not require PCACOs calculate HEDIS measures but rather calculates select HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCACOs.</p> | <p>Services, other than behavioral health, provided to PCC Plan enrollees are paid for by MassHealth through FFS directly to providers not through capitation. Behavioral health services are provided by the Massachusetts Behavioral Health Partnership. Regarding quality assurance and improvement, MassHealth calculates HEDIS and other performance measures using a certified HEDIS vendor. Additionally, MassHealth conducts a CAHPS survey for the PCC Plan.</p> | Private duty nursing is covered under capitation for SKSC population only. | N/A                                | Full duals are only enrolled mandatorily if less than 21 years of age. | —                   | Enrollment numbers do not include private pay enrollees. |

## Michigan: Managed Care Program Features as of 2022

| Features   | Comprehensive Health Care Program | Healthy Michigan Plan                    | Program of All-inclusive Care for the Elderly (PACE) | Specialty Prepaid Inpatient Health Plan                      | Healthy Kids Dental | MI Choice                     |
|--|-----------------------------------|--|--|--|---------------------|-------------------------------|
| Program type   | Comprehensive MCO                 | Comprehensive MCO                        | PACE   | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Dental only (PAHP)  | MLTSS only (PIHP and/or PAHP) |
| Statewide or region-specific?  | Statewide                         | Statewide                                | Statewide  | Statewide  | Statewide           | Statewide                     |
| Federal operating authority  | 1915(b)                           | 1115(a) (Medicaid demonstration waivers) | PACE   | 1915(b)/1915(c)  | 1915(b)             | 1915(b)/1915(c)               |
| Program start date   | 07/01/1997                        | 04/01/2014                               | 11/01/2003   | 10/01/1998   | 04/01/2009          | 10/01/2003                    |
| Waiver expiration date (if applicable)   | 12/31/2023                        | 12/31/2023                               | –  | 09/30/2024   | 12/31/2022          | 09/30/2023                    |
| If the program ended in 2021, indicate the end date  | –                                 | –  | –  | –  | –                   | –                             |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                         | –  | –  | Mandatory  | –                   | –                             |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                                 | Voluntary                                | –  | –  | –                   | –                             |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                         | –  | Voluntary  | Mandatory  | Mandatory           | Voluntary                     |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                         | –  | –  | Mandatory  | Mandatory           | –                             |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                         | –  | –  | Mandatory  | –                   | –                             |
| Populations enrolled: Full Duals   | Voluntary                         | –  | Voluntary  | Voluntary  | –                   | Voluntary                     |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary                         | –  | –  | –  | –                   | –                             |

| Features  | Comprehensive Health Care Program  | Healthy Michigan Plan  | Program of All-inclusive Care for the Elderly (PACE) | Specialty Prepaid Inpatient Health Plan | Healthy Kids Dental  | MI Choice  |
|---|--|--|--|---|--|--|
| Populations enrolled: Native American/Alaskan Natives                   | Voluntary  | Voluntary  | Exempt   | Voluntary                               | Voluntary  | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory  | Exempt   | Exempt   | Mandatory                               | Mandatory  | Exempt   |
| Populations enrolled: Enrollment choice period                          | Other  | Other  | N/A  | Other                                   | Other  | Other  |
| Populations enrolled: Enrollment broker name (if applicable)            | Michigan Enrolls   | Michigan Enrolls   | –  | –                                       | –  | –  |
| Populations enrolled: Notes on enrollment choice period                 | New enrollees have up to 90 days to switch plans. Otherwise, there is a rolling open enrollment based on the last digit of the individual's case number. | New enrollees have up to 90 days to switch plans. Otherwise, there is a rolling open enrollment based on the last digit of the individual's case number. | –  | –                                       | 90 days for new enrollees. For all other enrollees, they are able to switch plans one time per year. | Enrollments and disenrollments are allowed at any time. Enrollments are always voluntary for qualified individuals. Must meet Nursing Home Level of Care (NFLOC) to qualify. |
| Benefits covered: Inpatient hospital physical health                    | X  | X  | X  | –                                       | –  | –  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | –  | –  | X  | X                                       | –  | –  |
| Benefits covered: Outpatient hospital physical health                   | X  | X  | X  | –                                       | –  | –  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X  | X  | X  | X                                       | –  | X  |
| Benefits covered: Partial hospitalization                               | –  | –  | –  | –                                       | –  | –  |
| Benefits covered: Physician   | X  | X  | –  | –                                       | –  | –  |
| Benefits covered: Nurse practitioner                                    | X  | X  | –  | –                                       | –  | –  |
| Benefits covered: Rural health clinics and FQHCs                        | X  | X  | –  | –                                       | –  | –  |
| Benefits covered: Clinic services                                       | X  | X  | –  | –                                       | –  | –  |
| Benefits covered: Lab and x-ray   | X  | X  | X  | –                                       | –  | –  |

| Features   | Comprehensive Health Care Program | Healthy Michigan Plan | Program of All-inclusive Care for the Elderly (PACE) | Specialty Prepaid Inpatient Health Plan | Healthy Kids Dental | MI Choice |
|--|-----------------------------------|-----------------------|--|---|---------------------|-----------|
| Benefits covered: Prescription drugs   | X                                 | X                     | X  | –                                       | –                   | –         |
| Benefits covered: Prosthetic devices   | X                                 | X                     | X  | –                                       | –                   | –         |
| Benefits covered: EPSDT  | X                                 | X                     | –  | –                                       | –                   | –         |
| Benefits covered: Case management  | X                                 | X                     | X  | –                                       | –                   | X         |
| Benefits covered: SSA Section 1945-authorized Health Home  | –                                 | –                     | –  | –                                       | –                   | –         |
| Benefits covered: Home health services (services in home)  | X                                 | –                     | X  | –                                       | –                   | –         |
| Benefits covered: Family planning  | X                                 | X                     | –  | –                                       | –                   | –         |
| Benefits covered: Dental services (medical/surgical)   | –                                 | X                     | X  | –                                       | –                   | –         |
| Benefits covered: Dental (preventative or corrective)  | –                                 | X                     | X  | –                                       | X                   | –         |
| Benefits covered: Personal care (state plan option)  | –                                 | –                     | X  | –                                       | –                   | –         |
| Benefits covered: HCBS waiver services   | –                                 | –                     | X  | X                                       | –                   | X         |
| Benefits covered: Private duty nursing   | –                                 | –                     | –  | –                                       | –                   | X         |
| Benefits covered: ICF-IDD  | –                                 | –                     | –  | –                                       | –                   | –         |
| Benefits covered: Nursing facility services  | –                                 | X                     | X  | –                                       | –                   | –         |
| Benefits covered: Hospice care   | –                                 | X                     | –  | –                                       | –                   | –         |
| Benefits covered: Non-Emergency Medical Transportation   | X                                 | X                     | X  | –                                       | –                   | X         |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit | X                                 | –                     | –  | –                                       | –                   | X         |

| Features   | Comprehensive Health Care Program   | Healthy Michigan Plan  | Program of All-inclusive Care for the Elderly (PACE) | Specialty Prepaid Inpatient Health Plan   | Healthy Kids Dental | MI Choice   |
|--|---|--|--|---|---------------------|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical, and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs, and vision services. | Ambulance and other emergency medical transportation, certified midwife services, chiropractic services, DME and supplies, emergency services, end stage renal disease services, health education, hearing and speech services, hearing aids (under 21 years old), medically necessary weight reduction services, parenting and birthing classes, podiatry services, prosthetics and orthotics, tobacco cessation treatment, speech, language, physical, and occupational therapies, transplant services, transportation for medically necessary covered services, treatment for STDs and vision services. | Transportation.                                      | Assertive Community Treatment, Assessments, Assistive Technology, Behavior Management Review, Child Therapy, Clubhouse, Community Living Supports, Crisis Interventions, Crisis Residential Enhanced Pharmacy, Environmental Modifications. | –                   | Adult Day Health, Chore, Community Health Workers, Community Living Support, Community Transition, Counseling, Environmental Accessibility Adaptions, Fiscal Intermediary, Goods and Services, Home Delivered Meals, Nursing Services, Personal Emergency Response Systems (PERS), Private Duty Nursing/Respiratory Care, Respite Services, Specialized Medical Equipment and Supplies, and Training in a variety of independent living skills. |
| Quality assurance and improvement: HEDIS data required?  | Yes   | Yes  | No   | No  | No                  | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes   | Yes  | No   | No  | No                  | No  |
| Quality assurance and improvement: Accreditation required?   | Yes   | Yes  | No   | No  | No                  | No  |
| Quality assurance and improvement: Accrediting organization  | NCQA  | NCQA   | –  | –   | –                   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                            | Health Services Advisory Group (HSAG)   | Health Services Advisory Group (HSAG)  | –  | –   | –                   | –   |
| Performance incentives: Payment bonuses/differentials to reward plans                              | X   | X  | –  | –   | –                   | –   |

| Features   | Comprehensive Health Care Program   | Healthy Michigan Plan   | Program of All-inclusive Care for the Elderly (PACE)   | Specialty Prepaid Inpatient Health Plan   | Healthy Kids Dental  | MI Choice  |
|--|---|---|--|---|--|--|
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X   | X   | –  | –   | X  | –  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | X   | –  | –   | –  | –  |
| Performance incentives: Withholds tied to performance metrics  | X   | X   | –  | –   | X  | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | X   | –  | –   | X  | –  |
| Participating plans: Plans in Program  | Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; UnitedHealthcare Community Plan; Upper Peninsula Health Plan | Aetna Better Health of Michigan; Blue Cross Complete of Michigan; HAP Empowered; McLaren Health Plan; Meridian Health Plan of Michigan; Molina Healthcare of Michigan; Priority Health Choice; UnitedHealthcare Community Plan; Upper Peninsula Health Plan | Ascension Living PACE; Care Resources; Community PACE; Great Lakes PACE; Huron Valley PACE; Life Circles; PACE Central Michigan; PACE North; PACE Southeast MI; PACE Southwest MI; Senior Care Partners; Senior Community Care; Thome PACE | CMH Partnership of Southeast Michigan; Detroit Wayne Mental Health Authority; Lakeshore Regional Entity; Macomb County CMH Services; Mid-State Health Network; Northcare Network; Northern Michigan Regional Entity; Oakland County CMH Authority; Region 10 PIHP; Southwest Michigan Behavioral Health | Blue Cross Blue Shield of Michigan; Delta Dental of Michigan | Area Agency on Aging of Western Michigan; Detroit Area Agency on Aging; Macomb-Oakland Regional Center Home Care, Inc.; D Home Health Care Inc.; Area Agency on Aging 1-B; Area Agency on Aging of Northwest Michigan; Northern Healthcare Management; Region 2 Area Agency on Aging; Region 3B Area Agency on Aging; Region 4 Area Agency on Aging; Region 7 Area Agency on Aging; Region 9 Area Agency on Aging; Reliance Community Care Partners; Senior Resources of West Michigan; Milestone Senior Services, Inc.; The Information Center; Tri County Office on Aging; UPCAP Area Agency on Aging; Valley Area Agency on Aging |

| Features             | Comprehensive Health Care Program   | Healthy Michigan Plan   | Program of All-inclusive Care for the Elderly (PACE)   | Specialty Prepaid Inpatient Health Plan             | Healthy Kids Dental  | MI Choice   |
|----------------------|---|---|--|---|--|---|
| Notes: Program notes | Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. To provide greater access to and support coordination of care for behavioral health services, the Michigan Department of Health and Human Services has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both FFS and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017. | Due to a policy change, Medicare eligibles are excluded from Healthy Michigan Plan. To provide greater access to and support coordination of care for behavioral health services, the Michigan Department of Health and Human Services has removed the 20-visit maximum limitation for outpatient behavioral services (psychotherapy services). The restriction is lifted for both FFS and Medicaid Health Plan beneficiaries effective for dates of service on or after October 1, 2017. | Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid-covered services, as specified in the State's approved Medicaid individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization. | 7,485 beneficiaries received HCBS as of 07/01/2022. | The state contracts for the administration of the Medicaid dental benefit, called Healthy Kids Dental, in all 83 counties. The contractor administers the Medicaid dental benefit to all Medicaid beneficiaries under age 21 in the participating counties. The dental services provided through the contractors mimic the dental services provided through the FFS Medicaid program. Medicaid beneficiaries have access to dentists through the contractors participating dental networks. Beneficiaries must see a dentist who participates with the Healthy Kids Dental contract. | Covers HCBS only. Must be elderly or a disabled adult (at least 18 years of age), meet Nursing Facility Level of Care (NFLOC), and require supports coordination and at least one additional waiver service to qualify. *Attestation is not required, but some plans do this voluntarily. |

## Minnesota: Managed Care Program Features as of 2022

| Features   | Prepaid Medical Assistance Plan Plus (PMAP+)                                  | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) | Special Needs Basic Care (SNBC) |
|--|---|-----------------------------------|---------------------------------------|---------------------------------|
| Program type   | Comprehensive MCO + MLTSS   | Comprehensive MCO + MLTSS         | Comprehensive MCO + MLTSS             | Comprehensive MCO + MLTSS       |
| Statewide or region-specific?  | Statewide   | Statewide                         | Statewide                             | Statewide                       |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a), 1945 Health Homes | 1915(b)/1915(c)                   | 1915(a)/1915(c), 1945 Health Homes    | 1915(a), 1945 Health Homes      |
| Program start date   | 07/01/1985  | 06/01/2005                        | 03/01/1997                            | 01/01/2008                      |
| Waiver expiration date (if applicable)   | 12/31/2028  | 01/01/2026                        | –                                     | –                               |
| If the program ended in 2021, indicate the end date  | –   | –                                 | –                                     | –                               |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –                                 | –                                     | –                               |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –                                 | –                                     | –                               |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –   | Mandatory                         | Voluntary                             | –                               |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –                                 | –                                     | –                               |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –                                 | –                                     | –                               |
| Populations enrolled: Full Duals   | –   | Mandatory                         | Voluntary                             | –                               |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary   | –                                 | –                                     | –                               |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory   | Mandatory                         | Voluntary                             | Voluntary                       |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Mandatory                         | Exempt                                | Voluntary                       |

| Features  | Prepaid Medical Assistance Plan Plus (PMAP+) | Minnesota Senior Care Plus (MSC+) | Minnesota Senior Health Option (MSHO) | Special Needs Basic Care (SNBC) |
|---|--|-----------------------------------|---------------------------------------|---------------------------------|
| Populations enrolled: Enrollment choice period                          | 30 days                                      | 30 days                           | 30 days                               | 30 days                         |
| Populations enrolled: Enrollment broker name (if applicable)            | –  | –                                 | –                                     | –                               |
| Populations enrolled: Notes on enrollment choice period                 | –  | –                                 | –                                     | –                               |
| Benefits covered: Inpatient hospital physical health                    | X  | X                                 | X                                     | X                               |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | X                                 | X                                     | X                               |
| Benefits covered: Outpatient hospital physical health                   | X  | X                                 | X                                     | X                               |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X  | X                                 | X                                     | X                               |
| Benefits covered: Partial hospitalization                               | X  | X                                 | X                                     | X                               |
| Benefits covered: Physician   | X  | X                                 | X                                     | X                               |
| Benefits covered: Nurse practitioner                                    | X  | X                                 | X                                     | X                               |
| Benefits covered: Rural health clinics and FQHCs                        | –  | –                                 | X                                     | X                               |
| Benefits covered: Clinic services                                       | X  | X                                 | X                                     | X                               |
| Benefits covered: Lab and x-ray   | X  | X                                 | X                                     | X                               |
| Benefits covered: Prescription drugs                                    | –  | X                                 | X                                     | X                               |
| Benefits covered: Prosthetic devices                                    | X  | X                                 | X                                     | X                               |
| Benefits covered: EPSDT   | X  | –                                 | –                                     | –                               |
| Benefits covered: Case management                                       | X  | X                                 | X                                     | X                               |
| Benefits covered: SSA Section 1945-authorized Health Home               | X  | –                                 | X                                     | X                               |
| Benefits covered: Home health services (services in home)               | X  | X                                 | X                                     | X                               |
| Benefits covered: Family planning                                       | –  | X                                 | X                                     | –                               |
| Benefits covered: Dental services (medical/surgical)                    | X  | –                                 | X                                     | X                               |

| Features  | Prepaid Medical Assistance Plan Plus (PMAP+)   | Minnesota Senior Care Plus (MSC+)  | Minnesota Senior Health Option (MSHO)  | Special Needs Basic Care (SNBC)  |
|---|--|--|--|--|
| Benefits covered: Dental (preventative or corrective)   | X  | X  | X  | X  |
| Benefits covered: Personal care (state plan option)   | –  | X  | X  | –  |
| Benefits covered: HCBS waiver services  | –  | X  | X  | –  |
| Benefits covered: Private duty nursing  | –  | X  | X  | X  |
| Benefits covered: ICF-IDD   | –  | –  | –  | –  |
| Benefits covered: Nursing facility services   | X  | X  | X  | X  |
| Benefits covered: Hospice care  | X  | X  | X  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X  | X  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –  | –  | X  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Ambulatory surgery, outpatient therapy, Durable Medical Equipment (DME), Home Health, EDBI, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Residential Mental Health Services (ITRS, Children's Crisis), Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment. | Ambulatory surgery, outpatient therapy, DME, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment. | Ambulatory surgery, outpatient therapy, DME, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment. | Ambulatory surgery, outpatient therapy, DME, Home Health, intensive outpatient therapy, SUD outpatient therapy, medication assisted therapy, psychotherapy, day treatment, mobile crisis, chiropractic, acupuncture, MH targeted case management, Inpatient Detox, Inpatient Mental Health, Residential SUD Treatment. |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes  | Yes  | Yes  |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes  | Yes  | Yes  |
| Quality assurance and improvement: Accreditation required?  | Yes  | No   | No   | No   |
| Quality assurance and improvement: Accrediting organization   | –  | –  | –  | –  |

| Features   | Prepaid Medical Assistance Plan Plus (PMAP+)  | Minnesota Senior Care Plus (MSC+)  | Minnesota Senior Health Option (MSHO)  | Special Needs Basic Care (SNBC)  |
|--|---|--|--|--|
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –   | –  | –  | –  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –  | –  | –  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X   | X  | X  | X  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –   | –  | –  | –  |
| Performance incentives: Withholds tied to performance metrics  | X   | X  | X  | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | X  | X  | X  |
| Participating plans: Plans in Program  | Blue Plus; Health Partners; Hennepin Health; Itasca Medical; Prime West Health; Medica; South Country Health Alliance; UCare; United HealthCare | Blue Plus; Health Partners; Itasca Medical Care; Medica; Prime West Health; South Country Health Alliance; UCare | Blue Plus; Health Partners; Itasca Medical care; Medica; Prime West Health; South Country Health Alliance; UCare | Health Partners; Hennepin Health; Medica; Prime West; South Country Health Alliance; UCare |
| Notes: Program notes   | –   | –  | –  | –  |

## Mississippi: Managed Care Program Features as of 2022

| Features   | MississippiCAN        | MississippiCAN    |
|--|-----------------------|-------------------|
| Program type   | Comprehensive MCO     | Comprehensive MCO |
| Statewide or region-specific?  | Statewide             | Statewide         |
| Federal operating authority  | –                     | –                 |
| Program start date   | –                     | –                 |
| Waiver expiration date (if applicable)   | –                     | –                 |
| If the program ended in 2021, indicate the end date  | –                     | –                 |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory             | Mandatory         |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory             | Mandatory         |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory             | Mandatory         |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Both                  | Both              |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory             | Mandatory         |
| Populations enrolled: Full Duals   | –                     | –                 |
| Populations enrolled: Children with Special Health Care Needs  | –                     | Voluntary         |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary             | Voluntary         |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary             | Voluntary         |
| Populations enrolled: Enrollment choice period   | 30 days               | 30 days           |
| Populations enrolled: Enrollment broker name (if applicable)   | Gainwell Technologies | –                 |
| Populations enrolled: Notes on enrollment choice period  | –                     | –                 |
| Benefits covered: Inpatient hospital physical health   | X                     | X                 |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X                     | X                 |
| Benefits covered: Outpatient hospital physical health  | X                     | X                 |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X                     | X                 |
| Benefits covered: Partial hospitalization  | X                     | X                 |
| Benefits covered: Physician  | X                     | X                 |
| Benefits covered: Nurse practitioner   | X                     | X                 |
| Benefits covered: Rural health clinics and FQHCs   | X                     | X                 |
| Benefits covered: Clinic services  | X                     | X                 |
| Benefits covered: Lab and x-ray  | X                     | X                 |
| Benefits covered: Prescription drugs   | X                     | X                 |
| Benefits covered: Prosthetic devices   | X                     | X                 |

| Features  | MississippiCAN               | MississippiCAN   |
|---|------------------------------|--|
| Benefits covered: EPSDT   | X                            | X  |
| Benefits covered: Case management   | X                            | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                            | –  |
| Benefits covered: Home health services (services in home)   | –                            | X  |
| Benefits covered: Family planning   | –                            | –  |
| Benefits covered: Dental services (medical/surgical)  | –                            | X  |
| Benefits covered: Dental (preventative or corrective)   | –                            | X  |
| Benefits covered: Personal care (state plan option)   | –                            | –  |
| Benefits covered: HCBS waiver services  | –                            | X  |
| Benefits covered: Private duty nursing  | –                            | X  |
| Benefits covered: ICF-IDD   | –                            | –  |
| Benefits covered: Nursing facility services   | –                            | X  |
| Benefits covered: Hospice care  | –                            | X  |
| Benefits covered: Non-Emergency Medical Transportation  | –                            | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                            | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                            | –  |
| Quality assurance and improvement: HEDIS data required?   | Yes                          | Yes  |
| Quality assurance and improvement: CAHPS data required?   | Yes                          | Yes  |
| Quality assurance and improvement: Accreditation required?  | Yes                          | Yes  |
| Quality assurance and improvement: Accrediting organization   | NCQA                         | NCQA   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Constellation Quality Health | Constellation Quality Health                                   |
| Performance incentives: Payment bonuses/differentials to reward plans   | X                            | X  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –                            | X  |
| Performance incentives: Public reports comparing plan performance on key metrics  | X                            | X  |
| Performance incentives: Withholds tied to performance metrics   | X                            | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X                            | X  |
| Participating plans: Plans in Program   | United                       | Magnolia Health; UnitedHealth Community College; Molina Health |
| Notes: Program notes  | –                            | –  |

## Missouri: Managed Care Program Features as of 2022

| Features   | MO HealthNet Managed Care/1915b   | Non-Emergency Medical Transportation Program (NEMT) | Program of All-inclusive Care for the Elderly (PACE) |
|--|---|---|--|
| Program type   | Comprehensive MCO   | NEMT  | PACE   |
| Statewide or region-specific?  | Statewide   | Statewide   | Statewide  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a)  | 1902(a)(70) NEMT                                    | PACE   |
| Program start date   | 09/01/1995  | 10/01/2006  | 05/01/2022   |
| Waiver expiration date (if applicable)   | 06/30/2024  | –   | –  |
| If the program ended in 2021, indicate the end date  | –   | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | Mandatory   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary   | Mandatory   | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | Mandatory   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   | –  |
| Populations enrolled: Full Duals   | –   | Mandatory   | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary   | Mandatory   | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory   | Mandatory   | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Mandatory   | Exempt   |
| Populations enrolled: Enrollment choice period   | Other   | –   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | Automated Health Systems, Inc.  | Medicaid State Plan                                 | –  |
| Populations enrolled: Notes on enrollment choice period  | Pregnant Women have 7 days; 15 days for the rest of the population. However, children in the care and custody of the State of Missouri are enrolled the same day. | –   | –  |
| Benefits covered: Inpatient hospital physical health   | X   | –   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | –   | X  |

| Features  | MO HealthNet Managed Care/1915b | Non-Emergency Medical Transportation Program (NEMT) | Program of All-inclusive Care for the Elderly (PACE) |
|---|---------------------------------|---|--|
| Benefits covered: Outpatient hospital physical health   | X                               | –   | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X                               | –   | X  |
| Benefits covered: Partial hospitalization   | X                               | –   | X  |
| Benefits covered: Physician   | X                               | –   | X  |
| Benefits covered: Nurse practitioner  | X                               | –   | X  |
| Benefits covered: Rural health clinics and FQHCs  | X                               | –   | X  |
| Benefits covered: Clinic services   | X                               | –   | X  |
| Benefits covered: Lab and x-ray   | X                               | –   | X  |
| Benefits covered: Prescription drugs  | X                               | –   | X  |
| Benefits covered: Prosthetic devices  | X                               | –   | X  |
| Benefits covered: EPSDT   | X                               | –   | –  |
| Benefits covered: Case management   | X                               | –   | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                               | –   | –  |
| Benefits covered: Home health services (services in home)   | X                               | –   | X  |
| Benefits covered: Family planning   | X                               | –   | X  |
| Benefits covered: Dental services (medical/surgical)  | X                               | –   | X  |
| Benefits covered: Dental (preventative or corrective)   | X                               | –   | X  |
| Benefits covered: Personal care (state plan option)   | X                               | –   | X  |
| Benefits covered: HCBS waiver services  | X                               | –   | –  |
| Benefits covered: Private duty nursing  | X                               | –   | X  |
| Benefits covered: ICF-IDD   | –                               | –   | X  |
| Benefits covered: Nursing facility services   | –                               | –   | X  |
| Benefits covered: Hospice care  | X                               | –   | –  |
| Benefits covered: Non-Emergency Medical Transportation  | X                               | X   | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X                               | –   | X  |

| Features   | MO HealthNet Managed Care/1915b  | Non-Emergency Medical Transportation Program (NEMT)  | Program of All-inclusive Care for the Elderly (PACE)  |
|--|--|--|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Ambulatory Surgical Care, Asthma Education and In-Home Environmental Assessments, Comprehensive Day Rehabilitation, Durable Medical Equipment, Emergency, Hearing, Immunization, Inpatient Substance Use Disorders, Outpatient Substance Use Disorders, Obesity, Prenatal Case Management, Podiatry, Vision. | –  | Any other services deemed necessary by the PACE Interdisciplinary Team.   |
| Quality assurance and improvement: HEDIS data required?  | Yes  | No   | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes  | No   | No  |
| Quality assurance and improvement: Accreditation required?   | Yes  | No   | No  |
| Quality assurance and improvement: Accrediting organization  | NCQA   | –  | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | PRO Team Management, LLC   | –  | –   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –  | –  | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –  | –  | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | –  | –   |
| Performance incentives: Withholds tied to performance metrics  | X  | –  | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | –  | –   |
| Participating plans: Plans in Program  | Home State Health; Healthy Blue; UnitedHealthcare; Show Me Healthy Kids  | MTM Transit  | New Horizons PACE St. Louis   |
| Notes: Program notes   | HCBS within Missouri are limited and are therefore not covered under the 1915(c) waiver. Home health services provided through managed care are limited to 100 visits per year and are intended to be covered for a short term. Long-term home health services are provided outside of managed care.         | Missouri's Show Me Healthy Kids Specialty Plan only covers NEMT services for FFS participants. For Missouri Managed Care participants, the three General Plans (Home State Health, United Healthcare, and Healthy Blue) provide NEMT services that are covered under their own contracts with MTM. | PACE is an all-inclusive program, therefore the only services that are not listed in the "benefits covered" section are those that CMS has specific definitions for that require authority outside of PACE. |

## Montana: Managed Care Program Features as of 2022

| Features   | Passport                            | Comprehensive Primary Care Plus (CPC+) | Patient Centered Medical Home (PCMH) |
|--|-------------------------------------|--|--------------------------------------|
| Program type   | Primary Care Case Management (PCCM) | PCCM                                   | PCCM                                 |
| Statewide or region-specific?  | Statewide                           | Statewide                              | Statewide                            |
| Federal operating authority  | 1915(b)                             | 1932(a)                                | 1932(a)                              |
| Program start date   | 01/01/1993                          | 01/01/2018                             | 01/01/2016                           |
| Waiver expiration date (if applicable)   | 06/30/2024                          | –                                      | –                                    |
| If the program ended in 2021, indicate the end date  | –                                   | –                                      | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                                   | –                                      | –                                    |
| Populations enrolled: Full Duals   | –                                   | –                                      | –                                    |
| Populations enrolled: Children with Special Health Care Needs  | –                                   | –                                      | –                                    |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                           | Voluntary                              | Voluntary                            |
| Populations enrolled: Enrollment choice period   | N/A                                 | N/A                                    | N/A                                  |
| Populations enrolled: Enrollment broker name (if applicable)   | Conduent                            | Conduent                               | Conduent                             |
| Populations enrolled: Notes on enrollment choice period  | 45 days                             | 45 days                                | 45 days                              |
| Benefits covered: Inpatient hospital physical health   | –                                   | –                                      | –                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | –                                   | –                                      | –                                    |
| Benefits covered: Outpatient hospital physical health  | –                                   | –                                      | –                                    |

| Features  | Passport | Comprehensive Primary Care Plus (CPC+) | Patient Centered Medical Home (PCMH) |
|---|----------|--|--------------------------------------|
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | –        | –                                      | –                                    |
| Benefits covered: Partial hospitalization   | –        | –                                      | –                                    |
| Benefits covered: Physician   | –        | –                                      | –                                    |
| Benefits covered: Nurse practitioner  | –        | –                                      | –                                    |
| Benefits covered: Rural health clinics and FQHCs  | –        | –                                      | –                                    |
| Benefits covered: Clinic services   | –        | –                                      | –                                    |
| Benefits covered: Lab and x-ray   | –        | –                                      | –                                    |
| Benefits covered: Prescription drugs  | –        | –                                      | –                                    |
| Benefits covered: Prosthetic devices  | –        | –                                      | –                                    |
| Benefits covered: EPSDT   | –        | –                                      | –                                    |
| Benefits covered: Case management   | X        | X                                      | X                                    |
| Benefits covered: SSA Section 1945-authorized Health Home   | –        | –                                      | –                                    |
| Benefits covered: Home health services (services in home)   | –        | –                                      | –                                    |
| Benefits covered: Family planning   | –        | –                                      | –                                    |
| Benefits covered: Dental services (medical/surgical)  | –        | –                                      | –                                    |
| Benefits covered: Dental (preventative or corrective)   | –        | –                                      | –                                    |
| Benefits covered: Personal care (state plan option)   | –        | –                                      | –                                    |
| Benefits covered: HCBS waiver services  | –        | –                                      | –                                    |
| Benefits covered: Private duty nursing  | –        | –                                      | –                                    |
| Benefits covered: ICF-IDD   | –        | –                                      | –                                    |
| Benefits covered: Nursing facility services   | –        | –                                      | –                                    |
| Benefits covered: Hospice care  | –        | –                                      | –                                    |
| Benefits covered: Non-Emergency Medical Transportation  | –        | –                                      | –                                    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –        | –                                      | –                                    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –        | –                                      | –                                    |
| Quality assurance and improvement: HEDIS data required?   | No       | Yes                                    | Yes                                  |
| Quality assurance and improvement: CAHPS data required?   | No       | Yes                                    | No                                   |

| Features   | Passport                      | Comprehensive Primary Care Plus (CPC+) | Patient Centered Medical Home (PCMH) |
|--|-------------------------------|--|--------------------------------------|
| Quality assurance and improvement: Accreditation required?   | No                            | Yes                                    | Yes                                  |
| Quality assurance and improvement: Accrediting organization  | –                             | NCQA, JCAHO, URAC                      | NCQA                                 |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –                             | –                                      | –                                    |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –                             | X                                      | –                                    |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –                             | –                                      | –                                    |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –                             | –                                      | –                                    |
| Performance incentives: Withholds tied to performance metrics  | –                             | –                                      | –                                    |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –                             | –                                      | –                                    |
| Participating plans: Plans in Program  | Passport to Health; Team Care | Multiple Primary Care Providers        | Multiple Primary Care Providers      |
| Notes: Program notes   | –                             | –                                      | –                                    |

## Nebraska: Managed Care Program Features as of 2022

| Features   | Heritage Health                | Program of All-Inclusive Care for the Elderly (PACE)  | Dental Benefit Manager |
|--|--------------------------------|---|------------------------|
| Program type   | Comprehensive MCO              | PACE  | Dental only PAHP       |
| Statewide or region-specific?  | Statewide                      | Nebraska Zip Codes: 68037, 68048, 68025, 68007, 68010, 68022, 68064, 68102, 68104, 68105, 68106, 68107, 68127, 68110, 68111, 68112, 68114, 68116, 68117, 68118, 68122, 68124, 68127, 68130, 68131, 68132, 68134, 68135, 68137, 68142, 68144, 68152, 68154, 68157, 68164, 68182, 68005, 68028, 68046, 68059, 68069, 68113, 68123, 68128, 68133, 68136, 68138, 68147, 68073, 68002, 68008, 68009, 68023, 68029, 68034, 68044, 68068 | Statewide              |
| Federal operating authority  | 1915(b)                        | PACE  | 1915(b)                |
| Program start date   | 01/01/2017                     | 05/01/2013  | 10/01/2017             |
| Waiver expiration date (if applicable)   | 09/30/2027                     | –   | 09/30/2027             |
| If the program ended in 2021, indicate the end date  | –                              | –   | –                      |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                      | Voluntary   | Mandatory              |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Full Duals   | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                      | –   | Mandatory              |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                      | Voluntary   | Mandatory              |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                      | Voluntary   | Mandatory              |
| Populations enrolled: Enrollment choice period   | Pre-assigned                   | N/A   | Pre-assigned           |
| Populations enrolled: Enrollment broker name (if applicable)   | Automated Health Systems (AHS) | –   | –                      |

| Features  | Heritage Health | Program of All-Inclusive Care for the Elderly (PACE) | Dental Benefit Manager |
|---|-----------------|--|------------------------|
| Populations enrolled: Notes on enrollment choice period                 | –               | –  | –                      |
| Benefits covered: Inpatient hospital physical health                    | X               | X  | –                      |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X               | X  | –                      |
| Benefits covered: Outpatient hospital physical health                   | X               | X  | –                      |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X               | X  | –                      |
| Benefits covered: Partial hospitalization                               | X               | X  | –                      |
| Benefits covered: Physician   | X               | X  | –                      |
| Benefits covered: Nurse practitioner                                    | X               | X  | –                      |
| Benefits covered: Rural health clinics and FQHCs                        | X               | X  | –                      |
| Benefits covered: Clinic services                                       | X               | X  | –                      |
| Benefits covered: Lab and x-ray   | X               | X  | –                      |
| Benefits covered: Prescription drugs                                    | X               | X  | –                      |
| Benefits covered: Prosthetic devices                                    | X               | X  | –                      |
| Benefits covered: EPSDT   | X               | X  | –                      |
| Benefits covered: Case management                                       | X               | X  | –                      |
| Benefits covered: SSA Section 1945-authorized Health Home               | –               | –  | –                      |
| Benefits covered: Home health services (services in home)               | X               | X  | –                      |
| Benefits covered: Family planning                                       | X               | X  | –                      |
| Benefits covered: Dental services (medical/surgical)                    | –               | X  | X                      |
| Benefits covered: Dental (preventative or corrective)                   | –               | X  | X                      |
| Benefits covered: Personal care (state plan option)                     | –               | X  | –                      |
| Benefits covered: HCBS waiver services                                  | –               | X  | –                      |
| Benefits covered: Private duty nursing                                  | X               | X  | –                      |
| Benefits covered: ICF-ID  | –               | X  | –                      |
| Benefits covered: Nursing facility services                             | –               | X  | –                      |
| Benefits covered: Hospice care  | X               | X  | –                      |
| Benefits covered: Non-Emergency Medical Transportation                  | X               | X  | –                      |

| Features  | Heritage Health  | Program of All-Inclusive Care for the Elderly (PACE) | Dental Benefit Manager         |
|---|--|--|--------------------------------|
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –  | –                              |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Podiatry, Hearing, Immunization, Speech Therapy, Physical Therapy, Vision, Chiropractic, Durable Medical Equipment (DME), Occupational Therapy, Freestanding Birth Center. | –  | –                              |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No   | No                             |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No   | Yes                            |
| Quality assurance and improvement: Accreditation required?  | Yes  | No   | Yes                            |
| Quality assurance and improvement: Accrediting organization   | NCQA   | –  | URAC                           |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group   | –  | Health Services Advisory Group |
| Performance incentives: Payment bonuses/differentials to reward plans   | –  | –  | –                              |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  | –  | –                              |
| Performance incentives: Public reports comparing plan performance on key metrics  | –  | –  | –                              |
| Performance incentives: Withholds tied to performance metrics   | X  | –  | X                              |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X  | –  | –                              |
| Participating plans: Plans in Program   | UnitedHealthcare Community Plan of Nebraska; Healthy Blue; Nebraska Total Care   | Immanuel Pathways                                    | MCNA Nebraska                  |
| Notes: Program notes  | –  | –  | –                              |

## Nevada: Managed Care Program Features as of 2022

| Features   | Mandatory Health Maintenance Program (MCO)   | Dental Benefits Administrator (DBA)                                 | Non-Emergency Medical Transportation (NEMT) |
|--|--|---|---|
| Program type   | Comprehensive MCO  | Dental only PAHP  | NEMT  |
| Statewide or region-specific?  | Sufficiently populated Urban Zip Codes in Washoe and Clark counties  | Sufficiently populated Urban Zip Codes in Washoe and Clark counties | Statewide                                   |
| Federal operating authority  | 1932(a)  | 1915(b)   | 1902(a)(70) NEMT                            |
| Program start date   | 10/31/1988   | 01/01/2018  | 10/01/2003                                  |
| Waiver expiration date (if applicable)   | –  | 03/30/2024  | –   |
| If the program ended in 2021, indicate the end date  | –  | –   | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  | Mandatory   | Mandatory                                   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  | Mandatory   | Mandatory                                   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –  | –   | Mandatory                                   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  | Mandatory   | Mandatory                                   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –   | Mandatory                                   |
| Populations enrolled: Full Duals   | –  | –   | Mandatory                                   |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary  | Voluntary   | Voluntary                                   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary  | Voluntary   | Mandatory                                   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt   | Exempt  | Mandatory                                   |
| Populations enrolled: Enrollment choice period   | Other  | Pre-assigned  | Pre-assigned                                |
| Populations enrolled: Enrollment broker name (if applicable)   | Gainwell Technologies (GWT)  | GWT   | GWT   |
| Populations enrolled: Notes on enrollment choice period  | MCO selection is made by recipient at time of application. If no selection is made, recipient is auto-assigned based on the auto-assignment algorithm outlined in the State Plan. New recipients have a 90-day switch period in which to make a different MCO selection before being locked-in until the next annual open enrollment period. Open enrollment for the current contract is the month of October with an effective date of January 1. | –   | –   |

| Features  | Mandatory Health Maintenance Program (MCO) | Dental Benefits Administrator (DBA) | Non-Emergency Medical Transportation (NEMT) |
|---|--|-------------------------------------|---|
| Benefits covered: Inpatient hospital physical health  | X  | –                                   | –   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | –                                   | –   |
| Benefits covered: Outpatient hospital physical health   | X  | –                                   | –   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X  | –                                   | –   |
| Benefits covered: Partial hospitalization   | X  | –                                   | –   |
| Benefits covered: Physician   | X  | –                                   | –   |
| Benefits covered: Nurse practitioner  | X  | –                                   | –   |
| Benefits covered: Rural health clinics and FQHCs  | X  | –                                   | –   |
| Benefits covered: Clinic services   | X  | –                                   | –   |
| Benefits covered: Lab and x-ray   | X  | –                                   | –   |
| Benefits covered: Prescription drugs  | X  | –                                   | –   |
| Benefits covered: Prosthetic devices  | X  | –                                   | –   |
| Benefits covered: EPSDT   | X  | X                                   | –   |
| Benefits covered: Case management   | X  | –                                   | –   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –                                   | –   |
| Benefits covered: Home health services (services in home)   | X  | –                                   | –   |
| Benefits covered: Family planning   | X  | –                                   | –   |
| Benefits covered: Dental services (medical/surgical)  | –  | X                                   | –   |
| Benefits covered: Dental (preventative or corrective)   | –  | X                                   | –   |
| Benefits covered: Personal care (state plan option)   | X  | –                                   | –   |
| Benefits covered: HCBS waiver services  | –  | –                                   | –   |
| Benefits covered: Private duty nursing  | X  | –                                   | –   |
| Benefits covered: ICF-IDD   | –  | –                                   | –   |
| Benefits covered: Nursing facility services   | X  | –                                   | –   |
| Benefits covered: Hospice care  | –  | –                                   | –   |
| Benefits covered: Non-Emergency Medical Transportation  | –  | –                                   | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –                                   | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Freestanding Birth Centers                 | –                                   | –   |

| Features   | Mandatory Health Maintenance Program (MCO)   | Dental Benefits Administrator (DBA)   | Non-Emergency Medical Transportation (NEMT)   |
|--|--|---|---|
| Quality assurance and improvement: HEDIS data required?  | Yes  | Yes   | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes  | Yes   | No  |
| Quality assurance and improvement: Accreditation required?   | Yes  | Yes   | No  |
| Quality assurance and improvement: Accrediting organization  | NCQA   | Any Nationally Recognized Accrediting Organization  | —   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group (HSAG)  | Health Services Advisory Group (HSAG)   | —   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X  | —   | —   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X  | —   | —   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | —   | —   |
| Performance incentives: Withholds tied to performance metrics  | X  | —   | —   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | —   | —   |
| Participating plans: Plans in Program  | Anthem Blue Cross and Blue Shield Healthcare Solutions; United Healthcare Health Plan of Nevada; SilverSummit Health Plan; Molina Healthcare of Nevada | Liberty Dental Plan of Nevada   | Medical Transportation Management (MTM)   |
| Notes: Program notes   | Nursing Facility Services are covered by the MCO the first 180 days.   | Enrollment: Recipients in Managed Care are automatically assigned to Liberty Dental, as there is only one vendor. | NV Check-Up is not eligible for NEMT.<br><br>Enrollment: Recipients in Managed Care are automatically assigned to MTM, as there is only one vendor. |

## New Hampshire: Managed Care Program Features as of 2022

| Features   | New Hampshire Medicaid Care Management                     |
|--|--|
| Program type   | Comprehensive MCO  |
| Statewide or region-specific?  | Statewide  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1915(b), 1932(a) |
| Program start date   | 12/01/2013   |
| Waiver expiration date (if applicable)   | 09/30/2022   |
| If the program ended in 2021, indicate the end date  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  |
| Populations enrolled: Full Duals   | Mandatory  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  |
| Populations enrolled: Enrollment choice period   | Pre-assigned   |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus  |
| Populations enrolled: Notes on enrollment choice period  | –  |
| Benefits covered: Inpatient hospital physical health   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  |
| Benefits covered: Outpatient hospital physical health  | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  |
| Benefits covered: Partial hospitalization  | X  |
| Benefits covered: Physician  | X  |
| Benefits covered: Nurse practitioner   | X  |
| Benefits covered: Rural health clinics and FQHCs   | X  |
| Benefits covered: Clinic services  | X  |
| Benefits covered: Lab and x-ray  | X  |
| Benefits covered: Prescription drugs   | X  |
| Benefits covered: Prosthetic devices   | X  |
| Benefits covered: EPSDT  | X  |
| Benefits covered: Case management  | X  |
| Benefits covered: SSA Section 1945-authorized Health Home  | –  |
| Benefits covered: Home health services (services in home)  | X  |
| Benefits covered: Family planning  | X  |
| Benefits covered: Dental services (medical/surgical)   | –  |
| Benefits covered: Dental (preventative or corrective)  | –  |

| Features  | New Hampshire Medicaid Care Management   |
|---|--|
| Benefits covered: Personal care (state plan option)   | X  |
| Benefits covered: HCBS waiver services  | –  |
| Benefits covered: Private duty nursing  | X  |
| Benefits covered: ICF-IDD   | –  |
| Benefits covered: Nursing facility services   | –  |
| Benefits covered: Hospice care  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | IMD inpatient treatment (covered under 1115 waiver), Nurse midwife, non-nurse midwife, freestanding birth centers, podiatry, PT/OT/ST, ambulance, adult medical day care, DME, eyeglasses, full SUD treatment. |
| Quality assurance and improvement: HEDIS data required?   | Yes  |
| Quality assurance and improvement: CAHPS data required?   | Yes  |
| Quality assurance and improvement: Accreditation required?  | Yes  |
| Quality assurance and improvement: Accrediting organization   | NCQA   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | HSAG   |
| Performance incentives: Payment bonuses/differentials to reward plans   | X  |
| Performance incentives: Preferential auto-enrollment to reward plans  | X  |
| Performance incentives: Public reports comparing plan performance on key metrics  | X  |
| Performance incentives: Withholds tied to performance metrics   | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X  |
| Participating plans: Plans in Program   | New Hampshire Healthy Families; Well Sense Health Plan; AmeriHealth Caritas of New Hampshire   |
| Notes: Program notes  | The 1915(b) authority is only applicable to those members that cannot be mandated to participate in managed care.  |

## New Jersey: Managed Care Program Features as of 2022

| Features   | FIDE SNP   | Non-Emergency Medical Transportation | New Jersey Family Care                   | PACE  |
|--|--|--------------------------------------|--|---|
| Program type   | Comprehensive MCO + MLTSS                        | NEMT                                 | Comprehensive MCO + MLTSS                | Program of All-inclusive Care for the Elderly (PACE)              |
| Statewide or region-specific?  | Statewide  | Statewide                            | Statewide                                | County or zip code specific, varies by plan. See individual plans |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)         | 1902(a)(70) NEMT                     | 1115(a) (Medicaid demonstration waivers) | PACE  |
| Program start date   | 01/01/2012                                       | 07/01/2009                           | 09/01/1995                               | 04/09/2009  |
| Waiver expiration date (if applicable)   | 06/30/2028                                       | –                                    | 06/30/2028                               | –   |
| If the program ended in 2021, indicate the end date  | –  | –                                    | –  | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –  | –                                    | –  | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –  | –                                    | Mandatory                                | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –  | –                                    | Mandatory                                | Voluntary   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –  | –                                    | Mandatory                                | –   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –                                    | –  | –   |
| Populations enrolled: Full Duals   | Voluntary  | –                                    | Mandatory                                | Voluntary   |
| Populations enrolled: Children with Special Health Care Needs  | –  | –                                    | Mandatory                                | –   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary  | Exempt                               | Voluntary                                | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary  | –                                    | Mandatory                                | Exempt  |
| Populations enrolled: Enrollment choice period   | Other  | –                                    | 10 days                                  | N/A   |
| Populations enrolled: Enrollment broker name (if applicable)   | –  | –                                    | –  | –   |
| Populations enrolled: Notes on enrollment choice period  | Enrollment changes can be made once per quarter. | –                                    | –  | –   |

| Features  | FIDE SNP | Non-Emergency Medical Transportation | New Jersey Family Care | PACE |
|---|----------|--------------------------------------|------------------------|------|
| Benefits covered: Inpatient hospital physical health                    | X        | –                                    | X                      | X    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X        | –                                    | X                      | X    |
| Benefits covered: Outpatient hospital physical health                   | X        | –                                    | X                      | X    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X        | –                                    | X                      | X    |
| Benefits covered: Partial hospitalization                               | X        | –                                    | X                      | X    |
| Benefits covered: Physician   | X        | –                                    | X                      | X    |
| Benefits covered: Nurse practitioner                                    | X        | –                                    | X                      | X    |
| Benefits covered: Rural health clinics and FQHCs                        | X        | –                                    | X                      | –    |
| Benefits covered: Clinic services                                       | X        | –                                    | X                      | X    |
| Benefits covered: Lab and x-ray   | X        | –                                    | X                      | X    |
| Benefits covered: Prescription drugs                                    | X        | –                                    | X                      | X    |
| Benefits covered: Prosthetic devices                                    | X        | –                                    | X                      | X    |
| Benefits covered: EPSDT   | X        | –                                    | X                      | –    |
| Benefits covered: Case management                                       | X        | –                                    | X                      | X    |
| Benefits covered: SSA Section 1945-authorized Health Home               | –        | –                                    | –                      | –    |
| Benefits covered: Home health services (services in home)               | X        | –                                    | X                      | X    |
| Benefits covered: Family planning                                       | X        | –                                    | X                      | X    |
| Benefits covered: Dental services (medical/surgical)                    | X        | –                                    | X                      | X    |
| Benefits covered: Dental (preventative or corrective)                   | X        | –                                    | X                      | X    |
| Benefits covered: Personal care (state plan option)                     | X        | –                                    | X                      | X    |
| Benefits covered: HCBS waiver services                                  | X        | –                                    | X                      | –    |
| Benefits covered: Private duty nursing                                  | X        | –                                    | X                      | –    |
| Benefits covered: ICF-IDD   | X        | –                                    | X                      | –    |
| Benefits covered: Nursing facility services                             | X        | –                                    | X                      | X    |

| Features  | FIDE SNP   | Non-Emergency Medical Transportation | New Jersey Family Care   | PACE |
|---|--|--------------------------------------|--|------|
| Benefits covered: Hospice care  | X  | –                                    | X  | X    |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X                                    | X  | X    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –                                    | X  | –    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Assistive tech, audiology, chiropractic, DME, hearing aids, immunizations, MDC, Med supplies, Optical appliances, optometrist, organ transplant, orthotics, rehab/sp hosp, nonroutine podiatrist, post-acute care, preventive health, spec hosp, vision. | –                                    | Assistive tech, audiology, chiropractic, DME, Hearing aid, immunization, MDC, Med supplies, optical appliances, optometrist, organ transplants, orthotics, rehab/sp hosp, outpatient rehab, non-routine podiatrist, post-acute care, preventive health, spec hosp, vision. | –    |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No                                   | Yes  | No   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No                                   | Yes  | No   |
| Quality assurance and improvement: Accreditation required?  | Yes  | No                                   | Yes  | No   |
| Quality assurance and improvement: Accrediting organization   | NCQA   | –                                    | NCQA   | –    |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Island Peer Review Organization  | –                                    | Island Peer Review Organization  | –    |
| Performance incentives: Payment bonuses/differentials to reward plans   | X  | –                                    | X  | –    |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  | –                                    | –  | –    |
| Performance incentives: Public reports comparing plan performance on key metrics  | X  | –                                    | X  | –    |
| Performance incentives: Withholds tied to performance metrics   | –  | –                                    | –  | –    |

| Features   | FIDE SNP  | Non-Emergency Medical Transportation  | New Jersey Family Care   | PACE   |
|--|---|---|--|--|
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | –   | –  | –  |
| Participating plans: Plans in Program  | Aetna Assure Premier Plus; Amerivantage; Wellcare Liberty; Horizon NJ Totalcare; UHC Dual Complete  | ModivCare   | Aetna Better Health NJ; Horizon NJ Health; United Healthcare Community Plan; Wellcare of New Jersey; Amerigroup New Jersey, Inc                | Life St. Francis; Trinity Health Life New Jersey; Lutheran Senior Life; Inspira Life; Beacon of LIFE; AtlantiCare LIFE           |
| Notes: Program notes   | NJ FIDE SNP plans: Aetna Assure Premier Plus (HMO SNP), Amerivantage Dual Coordination, Horizon NJ TotalCare, UnitedHealthcare Dual Complete, WellCare Dual Liberty | Enrollment doesn't apply to NEMT; it is a service that is automatically available to all participants if needed. MotivCare is the vendor. | NJ MCO Plans: Amerigroup New Jersey, Inc.; Aetna Better Health NJ; Horizon NJ Health; WellCare of New Jersey; United Healthcare Community Plan | NJ PACE Plans: AtlantiCare LIFE; Beacon of LIFE; Inspira LIFE; Capital Health LIFE; Lutheran Senior Life; Trinity Health LIFE NJ |

## New Mexico: Managed Care Program Features as of 2022

| Features   | Centennial Care   | Program of All-inclusive Care for the Elderly (PACE) |
|--|---|--|
| Program type   | Comprehensive MCO + MLTSS   | PACE   |
| Statewide or region-specific?  | Statewide   | Bernalillo County, Sandoval County, Valencia County  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)  | PACE   |
| Program start date   | 01/01/2019  | 07/01/2004   |
| Waiver expiration date (if applicable)   | 12/31/2023  | –  |
| If the program ended in 2021, indicate the end date  | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | –  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory   | –  |
| Populations enrolled: Full Duals   | Mandatory   | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | –  |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Exempt   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | –  |
| Populations enrolled: Enrollment choice period   | Other   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –  |
| Populations enrolled: Notes on enrollment choice period  | Members have 90 days to switch MCOs when initially enrolled and during recertification. | Disenrollment permitted every 30 days.               |
| Benefits covered: Inpatient hospital physical health   | X   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | X  |
| Benefits covered: Outpatient hospital physical health  | X   | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X   | X  |
| Benefits covered: Partial hospitalization  | X   | X  |
| Benefits covered: Physician  | X   | X  |
| Benefits covered: Nurse practitioner   | X   | X  |
| Benefits covered: Rural health clinics and FQHCs   | X   | X  |
| Benefits covered: Clinic services  | X   | X  |
| Benefits covered: Lab and x-ray  | X   | X  |

| Features  | Centennial Care  | Program of All-inclusive Care for the Elderly (PACE) |
|---|--|--|
| Benefits covered: Prescription drugs  | X  | X  |
| Benefits covered: Prosthetic devices  | X  | X  |
| Benefits covered: EPSDT   | X  | –  |
| Benefits covered: Case management   | X  | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –  |
| Benefits covered: Home health services (services in home)   | X  | X  |
| Benefits covered: Family planning   | X  | –  |
| Benefits covered: Dental services (medical/surgical)  | X  | X  |
| Benefits covered: Dental (preventative or corrective)   | X  | X  |
| Benefits covered: Personal care (state plan option)   | X  | X  |
| Benefits covered: HCBS waiver services  | X  | –  |
| Benefits covered: Private duty nursing  | X  | X  |
| Benefits covered: ICF-IDD   | –  | –  |
| Benefits covered: Nursing facility services   | X  | X  |
| Benefits covered: Hospice care  | X  | –  |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Ambulatory, Surgical, Anesthesia, Diagnostic Imaging, Imaging and Therapeutic Radiology services, Dialysis, Durable Medical Equipment and Medical Supplies, Hearing and Audiology, Immunization, Medical Service Providers, Midwife, Nutritional, Occupational Therapy, Physical Therapy, Podiatry, Pregnancy Termination (State Funded), Prosthetics and Orthotics, Rehabilitation, Reproductive Health, School Based, Speech Therapy, Telehealth, Transplant, Transportation, Vision, Pediatricians, Respite | –  |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No   |
| Quality assurance and improvement: Accreditation required?  | Yes  | No   |
| Quality assurance and improvement: Accrediting organization   | NCQA   | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Island Peer Review Organization (IPRO)   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | –  | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | X  | –  |

| Features   | Centennial Care  | Program of All-inclusive Care for the Elderly (PACE)   |
|--|--|--|
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | –  |
| Performance incentives: Withholds tied to performance metrics  | X  | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | –  |
| Participating plans: Plans in Program  | Blue Cross Blue Shield of NM; Presbyterian Health Plan; Western Sky Community Care, Inc. | Total Community Care dba as Innovage Greater NM PACE   |
| Notes: Program notes   | –  | <p>Per Sections 1894 and 1934 of the Social Security Act, PACE organizations provide pre-paid, capitated, comprehensive health care services to frail elders. To be eligible to enroll, individuals must be 55 years of age or older, be determined by the State administering agency to need a nursing facility level of care, and reside in the service of a PACE organization. At the time of enrollment, an individual must be able to live in a community setting without jeopardizing his or her health or safety. Enrollment is voluntary and is not restricted to individuals who are Medicare beneficiaries and/or Medicaid recipients. The PACE organization receives a prospective monthly payment for each Medicare participant based on a rate similar to the rate paid to Medicare Advantage, and a prospective monthly payment for each Medicaid participant that is negotiated between the PACE organization and the State administering agency. The Medicaid capitation must be less than the amount that would have been paid under the State plan if the individuals were not enrolled in PACE. PACE organizations may charge a premium to individuals who do not have Medicaid eligibility. The PACE benefit package for all participants, regardless of the source of payment, must include all Medicaid covered services, as specified in the State's approved Medicaid plan, all Medicare covered services, and other services determined necessary by the interdisciplinary team to improve and maintain the individual's overall health status. While enrolled in a PACE program, the participant must receive all Medicare and Medicaid benefits solely through the PACE organization.</p> |

## North Carolina: Managed Care Program Features as of 2022

| Features   | Standard Plan                            | Community Care of North Carolina                  | Program of All Inclusive for the Elderly   | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services            | EBCI Tribal Option |
|--|--|---|--|--|--------------------|
| Program type   | Comprehensive MCO + MLTSS                | Primary Care Case Management Entity (PCCM Entity) | PACE   | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | PCCM Entity        |
| Statewide or region-specific?  | Statewide                                | Statewide   | Buncombe, Henderson, Montgomery, Moore, Randolph, Gaston, Cleveland, Lincoln, Durham Wake, Granville, Mecklenburg, Cabarrus, Union, Stanley, Rowan, Davidson, Davie, Iredell, Catawba, Lincoln, Burke, Caldwell, Alexander, Guilford, Rockingham, Cumberland, Harnett, Robeson, Moore, Hoke, Alamance, Caswell, Chatham, Lee, Orange, Durham, New Hanover, Brunswick | Statewide  | Statewide          |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers) | 1932(a)   | PACE   | 1915(b)/1915(c)  | 1932(a)            |
| Program start date   | 07/01/2021                               | 04/01/1991  | 02/01/2008   | 01/01/2012   | 07/01/2021         |
| Waiver expiration date (if applicable)   | 10/31/2024                               | –   | –  | 06/30/2024   | –                  |
| If the program ended in 2021, indicate the end date  | –  | –   | –  | –  | –                  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –  | Mandatory   | –  | Mandatory  | Mandatory          |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                                | –   | –  | –  | –                  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                                | Mandatory   | Voluntary  | Mandatory  | Mandatory          |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                                | Mandatory   | –  | Mandatory  | Mandatory          |

| Features  | Standard Plan | Community Care of North Carolina | Program of All Inclusive for the Elderly | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services | EBCI Tribal Option |
|---|---------------|----------------------------------|--|---|--------------------|
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals) | –             | –                                | –  | –   | –                  |
| Populations enrolled: Full Duals  | –             | Voluntary                        | Voluntary                                | Mandatory   | Mandatory          |
| Populations enrolled: Children with Special Health Care Needs                         | –             | Voluntary                        | –  | Mandatory   | Mandatory          |
| Populations enrolled: Native American/Alaskan Natives                                 | Voluntary     | Voluntary                        | Voluntary                                | Voluntary   | Mandatory          |
| Populations enrolled: Foster Care and Adoption Assistance Children                    | Exempt        | Voluntary                        | Exempt                                   | Mandatory   | Mandatory          |
| Populations enrolled: Enrollment choice period  | Pre-assigned  | Other                            | N/A                                      | Pre-assigned                                      | Pre-assigned       |
| Populations enrolled: Enrollment broker name (if applicable)                          | Maximus       | –                                | –  | –   | Maximus            |
| Populations enrolled: Notes on enrollment choice period                               | –             | 90 Days                          | –  | –   | –                  |
| Benefits covered: Inpatient hospital physical health                                  | X             | –                                | X  | –   | –                  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)                | X             | –                                | X  | X   | –                  |
| Benefits covered: Outpatient hospital physical health                                 | X             | –                                | X  | –   | –                  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)               | X             | –                                | X  | X   | –                  |
| Benefits covered: Partial hospitalization   | X             | –                                | X  | X   | –                  |
| Benefits covered: Physician   | X             | –                                | X  | –   | –                  |
| Benefits covered: Nurse practitioner  | X             | –                                | X  | –   | –                  |
| Benefits covered: Rural health clinics and FQHCs                                      | X             | –                                | X  | –   | –                  |
| Benefits covered: Clinic services   | X             | –                                | X  | –   | –                  |
| Benefits covered: Lab and x-ray   | X             | –                                | X  | –   | –                  |
| Benefits covered: Prescription drugs  | X             | –                                | X  | –   | –                  |
| Benefits covered: Prosthetic devices  | X             | –                                | X  | –   | –                  |

| Features  | Standard Plan | Community Care of North Carolina | Program of All Inclusive for the Elderly | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services | EBCI Tribal Option |
|---|---------------|----------------------------------|--|---|--------------------|
| Benefits covered: EPSDT   | X             | –                                | –  | X   | –                  |
| Benefits covered: Case management   | X             | X                                | X  | X   | X                  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –             | –                                | –  | –   | –                  |
| Benefits covered: Home health services (services in home)   | X             | –                                | X  | –   | –                  |
| Benefits covered: Family planning   | X             | –                                | –  | –   | –                  |
| Benefits covered: Dental services (medical/surgical)  | –             | –                                | X  | –   | –                  |
| Benefits covered: Dental (preventative or corrective)   | –             | –                                | X  | –   | –                  |
| Benefits covered: Personal care (state plan option)   | X             | –                                | –  | –   | –                  |
| Benefits covered: HCBS waiver services  | –             | –                                | –  | X   | –                  |
| Benefits covered: Private duty nursing  | X             | –                                | –  | –   | –                  |
| Benefits covered: ICF-IDD   | –             | –                                | X  | X   | –                  |
| Benefits covered: Nursing facility services   | X             | –                                | X  | –   | –                  |
| Benefits covered: Hospice care  | X             | –                                | –  | –   | –                  |
| Benefits covered: Non-Emergency Medical Transportation  | X             | –                                | X  | –   | –                  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X             | –                                | –  | X   | –                  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –             | –                                | –  | –   | –                  |
| Quality assurance and improvement: HEDIS data required?   | Yes           | Yes                              | No                                       | Yes   | Yes                |
| Quality assurance and improvement: CAHPS data required?   | Yes           | Yes                              | No                                       | Yes   | Yes                |

| Features   | Standard Plan   | Community Care of North Carolina | Program of All Inclusive for the Elderly   | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services   | EBCI Tribal Option |
|--|---|----------------------------------|--|---|--------------------|
| Quality assurance and improvement: Accreditation required?   | No  | No                               | No   | Yes   | No                 |
| Quality assurance and improvement: Accrediting organization  | –   | –                                | –  | NCQA, JCAHO, CARF   | –                  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | HSAG  | –                                | –  | Carolina Center for Medical Excellence  | –                  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –                                | –  | –   | –                  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –                                | –  | –   | –                  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | –                                | –  | X   | –                  |
| Performance incentives: Withholds tied to performance metrics  | –   | –                                | –  | –   | –                  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –                                | –  | –   | –                  |
| Participating plans: Plans in Program  | Healthy Blue of North Carolina; UnitedHealthcare; Carolina Complete Health; Wellcare; Amerihealth Caritas | North Carolina Community Care    | Carolina SeniorCare; CarePartners PACE; Elderhaus, Inc.; Life St. Joseph of the Pines, Inc.; PACE at Home, Inc.; PACE of the Southern Piedmont; PACE of the Triad; Piedmont Health Services, Inc.; Senior Total Life Care, Inc.; Staywell; Voans Senior Community Care of North Carolina | Alliance Behavioral Healthcare; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH DD SA; Trillium Health Resources; Vaya Health | EBCI Tribal Option |

| Features             | Standard Plan | Community Care of North Carolina  | Program of All Inclusive for the Elderly | 1915(b)/(c) Medicaid Waiver for MH/DD/SA Services  | EBCI Tribal Option |
|----------------------|---------------|---|--|--|--------------------|
| Notes: Program notes | –             | Plan consists of independently contracted medical home/primary care providers who receive a per member, per month management fee for coordinating care at the medical home provider office. | –  | <p>All Medicaid recipients are covered by a BHO. Enrollment in one of seven plans is based on the enrollee's administrative county.</p> <p>Waiver expiration date (if applicable): (b) waiver was renewed – 7/1/19 through 6/30/24; Innovations was renewed – 5/1/20 through 4/30/25; TBI (not statewide) is in the process of being renewed – 5/1/18.</p> | –                  |

## North Dakota: Managed Care Program Features as of 2022

| Features   | North Dakota Medicaid Expansion | Primary Care Case Management Program  | Program of All-Inclusive Care for the Elderly  |
|--|---------------------------------|---|--|
| Program type   | Comprehensive MCO               | Primary Care Case Management (PCCM)   | PACE   |
| Statewide or region-specific?  | Statewide                       | Statewide   | Burleigh- 58501, 58502, 58503, 58504, 58558 Cass- 58047, 58078, 58102, 58103, 58104, 58105 Stark- 58601, 58602, 58630, 58652, 58655, 58656 Morton- 58554 Ward- 58701, 58702, 58703, 58722, 58785 |
| Federal operating authority  | 1915(b),1937 Alt Benefit Plan   | 1932(a)   | PACE   |
| Program start date   | 01/01/2014                      | 01/10/1994  | 08/01/2008   |
| Waiver expiration date (if applicable)   | 12/31/2021                      | –   | –  |
| If the program ended in 2021, indicate the end date  | –                               | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                               | Mandatory   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                               | –   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –                               | –   | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –                               | Mandatory   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                               | Mandatory   | –  |
| Populations enrolled: Full Duals   | –                               | –   | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | –                               | –   | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                       | Mandatory   | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                       | –   | Exempt   |
| Populations enrolled: Enrollment choice period   | –                               | N/A   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | –                               | –   | –  |
| Populations enrolled: Notes on enrollment choice period  | –                               | Once enrolled, the member has 14 days to select a Primary Care Provider (PCP). If not selected, a PCP will be auto assigned for the member. Members may change their PCP at any time. | Enrollment begins on the first day of the month following the determination that they are eligible.  |

| Features  | North Dakota Medicaid Expansion | Primary Care Case Management Program | Program of All-Inclusive Care for the Elderly |
|---|---------------------------------|--------------------------------------|---|
| Benefits covered: Inpatient hospital physical health  | X                               | –                                    | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                               | –                                    | X   |
| Benefits covered: Outpatient hospital physical health   | X                               | –                                    | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X                               | –                                    | X   |
| Benefits covered: Partial hospitalization   | X                               | –                                    | –   |
| Benefits covered: Physician   | X                               | –                                    | X   |
| Benefits covered: Nurse practitioner  | X                               | –                                    | X   |
| Benefits covered: Rural health clinics and FQHCs  | X                               | –                                    | X   |
| Benefits covered: Clinic services   | X                               | –                                    | X   |
| Benefits covered: Lab and x-ray   | X                               | –                                    | X   |
| Benefits covered: Prescription drugs  | X                               | –                                    | X   |
| Benefits covered: Prosthetic devices  | X                               | –                                    | X   |
| Benefits covered: EPSDT   | X                               | –                                    | –   |
| Benefits covered: Case management   | –                               | X                                    | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                               | –                                    | –   |
| Benefits covered: Home health services (services in home)   | –                               | –                                    | –   |
| Benefits covered: Family planning   | X                               | –                                    | –   |
| Benefits covered: Dental services (medical/surgical)  | X                               | –                                    | X   |
| Benefits covered: Dental (preventative or corrective)   | X                               | –                                    | X   |
| Benefits covered: Personal care (state plan option)   | –                               | –                                    | –   |
| Benefits covered: HCBS waiver services  | –                               | –                                    | –   |
| Benefits covered: Private duty nursing  | –                               | –                                    | –   |
| Benefits covered: ICF-IDD   | –                               | –                                    | –   |
| Benefits covered: Nursing facility services   | –                               | –                                    | –   |
| Benefits covered: Hospice care  | X                               | –                                    | –   |
| Benefits covered: Non-Emergency Medical Transportation  | X                               | –                                    | –   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                               | –                                    | –   |

| Features   | North Dakota Medicaid Expansion                                  | Primary Care Case Management Program | Program of All-Inclusive Care for the Elderly |
|--|--|--------------------------------------|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Up to 30 days SNF (within a 12 month period) and Vision Services | –                                    | –   |
| Quality assurance and improvement: HEDIS data required?  | Yes  | No                                   | No  |
| Quality assurance and improvement: CAHPS data required?  | Yes  | No                                   | No  |
| Quality assurance and improvement: Accreditation required?   | No   | Yes                                  | No  |
| Quality assurance and improvement: Accrediting organization  | –  | North Dakota                         | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –  | –                                    | –   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –  | –                                    | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –  | –                                    | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –  | –                                    | –   |
| Performance incentives: Withholds tied to performance metrics  | –  | –                                    | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –  | –                                    | –   |
| Participating plans: Plans in Program  | North Dakota Medicaid Expansion                                  | PCCM                                 | PACE  |
| Notes: Program notes   | –  | –                                    | –   |

## New York: Managed Care Program Features as of 2022

| Features   | Medicaid Managed Care  | PACE   | Health and Recovery Plans (HARPs)                           | Medicaid Advantage Plus                  | Medicaid Advantage                       | Managed Long Term Care (MLTC)            |
|--|--|--|---|--|--|--|
| Program type   | Comprehensive MCO  | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO   | Comprehensive MCO + MLTSS                | Comprehensive MCO                        | MLTSS only (PIHP and/or PAHP)            |
| Statewide or region-specific?  | Statewide  | Statewide  | Statewide   | Statewide                                | Statewide                                | Statewide                                |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes | PACE   | 1115(a) (Medicaid demonstration waivers), 1945 Health Homes | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) |
| Program start date   | 10/01/1997   | 01/01/2001   | 10/01/2015  | 01/01/2007                               | 10/01/2006                               | 01/01/1998                               |
| Waiver expiration date (if applicable)   | 03/31/2027   | –  | 03/31/2027  | 03/31/2027                               | 03/31/2027                               | 03/31/2027                               |
| If the program ended in 2021, indicate the end date  | –  | –  | –   | –  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  | –  | Voluntary   | –  | –  | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  | –  | Voluntary   | –  | –  | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  | –  | –   | –  | –  | –  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  | –  | –   | –  | –  | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –  | –   | –  | –  | –  |
| Populations enrolled: Full Duals   | Voluntary  | Voluntary  | Voluntary   | Voluntary                                | Voluntary                                | Mandatory                                |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory  | –  | –   | –  | –  | –  |

| Features  | Medicaid Managed Care      | PACE                       | Health and Recovery Plans (HARPs) | Medicaid Advantage Plus    | Medicaid Advantage         | Managed Long Term Care (MLTC) |
|---|----------------------------|----------------------------|-----------------------------------|----------------------------|----------------------------|-------------------------------|
| Populations enrolled: Native American/Alaskan Natives                   | Exempt                     | Exempt                     | Exempt                            | Exempt                     | Exempt                     | Exempt                        |
| Populations enrolled: Foster Care and Adoption Assistance Children      | Mandatory                  | Exempt                     | Exempt                            | Exempt                     | Exempt                     | Exempt                        |
| Populations enrolled: Enrollment choice period                          | 30 days                    | N/A                        | 30 days                           | 60 days                    | 60 days                    | 60 days                       |
| Populations enrolled: Enrollment broker name (if applicable)            | NY Medicaid Choice/Maximus | NY Medicaid Choice/Maximus | NY Medicaid Choice/Maximus        | NY Medicaid Choice/Maximus | NY Medicaid Choice/Maximus | NY Medicaid Choice/Maximus    |
| Populations enrolled: Notes on enrollment choice period                 | –                          | –                          | –                                 | –                          | –                          | –                             |
| Benefits covered: Inpatient hospital physical health                    | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Outpatient hospital physical health                   | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Partial hospitalization                               | X                          | X                          | X                                 | –                          | –                          | –                             |
| Benefits covered: Physician   | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Nurse practitioner                                    | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Rural health clinics and FQHCs                        | X                          | –                          | X                                 | –                          | –                          | –                             |
| Benefits covered: Clinic services                                       | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Lab and x-ray   | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Prescription drugs                                    | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: Prosthetic devices                                    | X                          | X                          | X                                 | X                          | X                          | –                             |
| Benefits covered: EPSDT   | X                          | –                          | –                                 | –                          | –                          | –                             |

| Features   | Medicaid Managed Care  | PACE   | Health and Recovery Plans (HARPs)  | Medicaid Advantage Plus | Medicaid Advantage  | Managed Long Term Care (MLTC) |
|--|--|--|--|-------------------------|---|-------------------------------|
| Benefits covered: Case management  | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: SSA Section 1945-authorized Health Home  | X  | –  | X  | –                       | –   | –                             |
| Benefits covered: Home health services (services in home)  | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: Family planning  | X  | –  | X  | –                       | –   | –                             |
| Benefits covered: Dental services (medical/surgical)   | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: Dental (preventative or corrective)  | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: Personal care (state plan option)  | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: HCBS waiver services   | X  | X  | X  | X                       | –   | X                             |
| Benefits covered: Private duty nursing   | X  | X  | X  | X                       | X   | X                             |
| Benefits covered: ICF-IDD  | –  | –  | –  | –                       | –   | –                             |
| Benefits covered: Nursing facility services  | X  | X  | –  | X                       | –   | X                             |
| Benefits covered: Hospice care   | X  | –  | X  | –                       | –   | X                             |
| Benefits covered: Non-Emergency Medical Transportation   | –  | X  | –  | X                       | X   | X                             |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit | X  | –  | X  | –                       | –   | –                             |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Nurse Midwife Services, Audiology, Vision Care, Foot Care Services, Occupational Therapy, Physical Therapy, and Speech Therapy | Podiatry, Physical Therapy, and Occupational Therapy | Nurse Midwife Services, Audiology, Vision Care, Foot Care Services, Occupational Therapy, Physical Therapy, and Speech Therapy | Podiatry                | Podiatry, Outpatient Rehabilitation, Hearing Services, and Vision Care Services | –                             |
| Quality assurance and improvement: HEDIS data required?  | Yes  | No   | Yes  | No                      | No  | No                            |

| Features   | Medicaid Managed Care           | PACE                            | Health and Recovery Plans (HARPs) | Medicaid Advantage Plus         | Medicaid Advantage              | Managed Long Term Care (MLTC)   |
|--|---------------------------------|---------------------------------|-----------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Quality assurance and improvement: CAHPS data required?  | Yes                             | No                              | Yes                               | No                              | No                              | No                              |
| Quality assurance and improvement: Accreditation required?   | No                              | No                              | No                                | No                              | No                              | No                              |
| Quality assurance and improvement: Accrediting organization  | –                               | –                               | –                                 | –                               | –                               | –                               |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Island Peer Review Organization | Island Peer Review Organization | Island Peer Review Organization   | Island Peer Review Organization | Island Peer Review Organization | Island Peer Review Organization |
| Performance incentives: Payment bonuses/differentials to reward plans                                | X                               | –                               | X                                 | –                               | –                               | X                               |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X                               | –                               | X                                 | –                               | –                               | X                               |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X                               | –                               | X                                 | –                               | –                               | X                               |
| Performance incentives: Withholds tied to performance metrics  | –                               | –                               | –                                 | –                               | –                               | –                               |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X                               | –                               | X                                 | –                               | –                               | –                               |

| Features                              | Medicaid Managed Care  | PACE   | Health and Recovery Plans (HARPs)  | Medicaid Advantage Plus  | Medicaid Advantage                               | Managed Long Term Care (MLTC)  |
|---------------------------------------|--|--|--|--|--|--|
| Participating plans: Plans in Program | Affinity Health Plan; AmidaCare Special Needs; Capital District Physician's Health Plan; Excellus; Fidelis Care; Health First; Highmark Western & Northeastern NY; HealthPlus; HIP Combined; Independent Health/Hudson Valley & WNY; MetroPlus Health Plan; MetroPlus Health Plan Special Needs; Molina HealthCare of New York, Inc.; MVP Health Plan; United HealthCare; VNS Choice Special Needs | ArchCare Senior Life; Catholic Health - Life; CenterLight (CCM); Complete Senior Care; Eddy Senior Care; Fallon Health Weinberg; Independent Living for Seniors; PACE CNY; Total Senior Care | Affinity Health Plan; Capital District Physician's Health Plan; Excellus Health Plan; Fidelis Care; HealthFirst; HealthPlus; HIP GNY; Independent Health Association; MetroPlus; Molina HealthCare of New York; MVP Health Plan; United HealthCare | AgeWell New York; Centers Plan; ElderPlan; ElderServe; Fidelis Legacy Plan; Hamaspik, Inc; HealthFirst Health Plan; HealthPlus Advantage Plus; Senior Whole Health; Village Care; VNS Choice Plus; Metroplus Health Plan MAP | Fidelis Legacy Plan; United HealthCare; WellCare | Aetna Better Health; AgeWell New York; ArchCare Community Life; Centers Plan for Healthy Living; ElderPlan; ElderServe; ElderWood; Extended MLTC; Fallon Health Weinberg; Fidelis Care; Hamaspik Choice MLTC; Health Advantage/Elant Choice; HealthPlus; Icircle Care MLTC; Integra MLTC; Kalos Health Plan; MetroPlus; Montefiore HMO MLTC; Prime Health Choice; Senior Health Partners; Senior Network Health; Senior Whole Health; Village Care; VNA HomeCare Options; VNS Choice |

| Features             | Medicaid Managed Care  | PACE  | Health and Recovery Plans (HARPs)   | Medicaid Advantage Plus  | Medicaid Advantage | Managed Long Term Care (MLTC)  |
|----------------------|--|---|---|--|--------------------|--|
| Notes: Program notes | Effective July 1, 2019, Partial Hospitalization is applicable to eligible children under age 21 as well as adults aged 21 and over. Fidelis Care covers emergency and non - emergency transportation in Rockland County only. MMC includes children's HCBS authorized under the State's 1915c Children's waiver and 1115 MRT Waiver. | Waiver Expiration Date not applicable; PACE is a joint state/federal program. Enrollment includes both full and partial dually eligibles, as well as qualified and specified low income (QMB/SLMB) Medicare Support programs, must be 55 years of age or older. PACE has a comprehensive mandate to cover all services deemed necessary by IDT. Covered Benefits include non-hospice palliative care. OG/GYN is mandated with a minimum age of 55 years. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance, and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. | The covered benefit partial hospitalization only applies to enrollees 21 years of age and older. CMS has approved HCBS within the HARP program under 1115(a) authority. | Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance, and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. |                    | MLTC enrollees may elect hospice care, but a hospice enrollee cannot enroll in MLTC. Some, but not all, HCBS waiver services are covered by MLTC plans. Quality Incentive is a plan performance incentive. It is comprised of measures of satisfaction, quality, compliance, and efficiency which equate to points. A financial incentive payment is made to plans achieving a score at or above the thresholds. |

## Ohio: Managed Care Program Features as of 2022

| Features   | Ohio Medicaid Managed Care Program  | MyCare Ohio Opt-Out Program   | Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE) |
|--|---|---|--|
| Program type   | Comprehensive MCO   | Comprehensive MCO + MLTSS   | PACE   |
| Statewide or region-specific?  | Statewide   | Central, Northwest, Northeast, Northeast Central, Southwest, West Central, East Central | Cuyahoga County  |
| Federal operating authority  | 1915(b),1932(a)   | 1915(b)/1915(c)   | –  |
| Program start date   | 07/21/2006  | 05/01/2014  | 11/01/2002   |
| Waiver expiration date (if applicable)   | 06/30/2027  | 12/31/2023  | –  |
| If the program ended in 2021, indicate the end date  | –   | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –   | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | –   | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –   | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   | –  |
| Populations enrolled: Full Duals   | –   | Mandatory   | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | –   | –  |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary   | Exempt   |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Mandatory   | –  |
| Populations enrolled: Enrollment choice period   | Other   | Other   | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | Automated Health Systems, Inc.  | Automated Health Systems, Inc.  | –  |
| Populations enrolled: Notes on enrollment choice period  | Medicaid enrollees are pre-assigned to a plan with 90 days to change plans. | MyCare Ohio Opt-Out enrollees are pre-assigned to a plan with 90 days to change plans.  | Ohio PACE operates under an open enrollment model.             |
| Benefits covered: Inpatient hospital physical health   | X   | X   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | X   | X  |

| Features  | Ohio Medicaid Managed Care Program | MyCare Ohio Opt-Out Program | Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE) |
|---|------------------------------------|-----------------------------|--|
| Benefits covered: Outpatient hospital physical health   | X                                  | X                           | –  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X                                  | X                           | X  |
| Benefits covered: Partial hospitalization   | X                                  | X                           | –  |
| Benefits covered: Physician   | X                                  | X                           | X  |
| Benefits covered: Nurse practitioner  | X                                  | X                           | X  |
| Benefits covered: Rural health clinics and FQHCs  | X                                  | X                           | –  |
| Benefits covered: Clinic services   | X                                  | X                           | –  |
| Benefits covered: Lab and x-ray   | X                                  | X                           | X  |
| Benefits covered: Prescription drugs  | X                                  | X                           | –  |
| Benefits covered: Prosthetic devices  | X                                  | X                           | –  |
| Benefits covered: EPSDT   | X                                  | X                           | –  |
| Benefits covered: Case management   | X                                  | X                           | –  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                                  | –                           | –  |
| Benefits covered: Home health services (services in home)   | X                                  | X                           | X  |
| Benefits covered: Family planning   | X                                  | X                           | –  |
| Benefits covered: Dental services (medical/surgical)  | X                                  | X                           | X  |
| Benefits covered: Dental (preventative or corrective)   | X                                  | –                           | X  |
| Benefits covered: Personal care (state plan option)   | X                                  | X                           | –  |
| Benefits covered: HCBS waiver services  | –                                  | X                           | X  |
| Benefits covered: Private duty nursing  | X                                  | X                           | X  |
| Benefits covered: ICF-IDD   | –                                  | –                           | –  |
| Benefits covered: Nursing facility services   | X                                  | X                           | X  |
| Benefits covered: Hospice care  | X                                  | X                           | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X                                  | X                           | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X                                  | X                           | –  |

| Features   | Ohio Medicaid Managed Care Program   | MyCare Ohio Opt-Out Program   | Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE) |
|--|--|---|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Immunizations, nurse midwife services, freestanding birth centers, certified family nurse practitioner, certified pediatric nurse practitioner, physical therapy, speech therapy, occupational therapy, developmental therapy, chiropractic, podiatry, vision, durable medical equipment (DME) and medical supplies, ambulance, ambulette, care management, telemedicine, respite services for eligible children receiving SSI, services for members with a primary diagnosis of Autism Spectrum Disorder, screening and counseling for obesity. | Immunizations, nurse midwife services, freestanding birth centers, care management, DME and medical supplies, vision, physical therapy, speech therapy, occupational therapy, developmental therapy, certified family nurse practitioner, certified pediatric nurse practitioner, ambulance, ambulette, podiatry, telemedicine, services for members with a primary diagnosis of autism spectrum disorder, screening, and counseling for obesity. | –  |
| Quality assurance and improvement: HEDIS data required?  | Yes  | Yes   | No   |
| Quality assurance and improvement: CAHPS data required?  | Yes  | Yes   | No   |
| Quality assurance and improvement: Accreditation required?   | Yes  | Yes   | No   |
| Quality assurance and improvement: Accrediting organization  | NCQA   | NCQA  | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Island Peer Review Organization  | Island Peer Review Organization   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –  | –   | –  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | X  | –   | –  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | X   | –  |
| Performance incentives: Withholds tied to performance metrics  | X  | X   | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | X   | –  |
| Participating plans: Plans in Program  | Buckeye Community Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; Paramount Advantage; UnitedHealthcare Community Plan of Ohio, Inc.   | Aetna; Buckeye Community Health Plan; CareSource; Molina Healthcare of Ohio, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.  | McGregor PACE  |

| Features             | Ohio Medicaid Managed Care Program  | MyCare Ohio Opt-Out Program  | Ohio Program of All-Inclusive Care for the Elderly (Ohio PACE)   |
|----------------------|---|--|--|
| Notes: Program notes | Ohio Medicaid divides Ohio's 88 counties into three regions for administrative purposes, and requires participating Managed Care Plans to provide services to individuals on a statewide basis (e.g., in all three regions). However, on July 1, 2021, Paramount Advantage was only providing services in two regions (Northeast and West). Ohio Medicaid allowed Paramount Advantage to terminate service delivery in the Central/Southeast region effective July 1, 2020. | Regarding Mandatory Enrollment, the individuals that must enroll are full duals who are age 18 or older and this includes children in foster care and children receiving adoption assistance who are duals and age 18 and older. | Regarding coverage of HCBS, Ohio has chosen to offer the same covered benefits in the PACE program that are available to individuals enrolled on a 1915c waiver to better ensure the assessed needs of individuals with an intermediate level of care are met, and better promote the health and welfare of PACE participations. |

## Oklahoma: Managed Care Program Features as of 2022

| Features   | SoonerRide                           | SoonerCare Choice                        | PACE   |
|--|--------------------------------------|--|--|
| Program type   | Non-Emergency Medical Transportation | Primary Care Case Management (PCCM)      | Program of All-inclusive Care for the Elderly (PACE)   |
| Statewide or region-specific?  | Statewide                            | Statewide                                | 73008,73012,73013,73034,73066,73071,73072,73084,73099,73104,73105,73106,73107,73108,73109,73110,73111,73112,73113,73114,73115,73116,73117,73118,73119,73120,73121,73122,73127,73128,73129,73130,73132,73134,73135,73136,73139,73140,73141,73142,73149,73159,73160,73162,73170,73099,73064,73065,73020,73051,73068,73004,73072,73069,73071,73026,74857,73049,73007,7304573010,73093,73080,73093,73089,73036,73090,73078,74011,74012,74103,74104,74105,74106,74107,74110,74112,74114,74115,74116,74119,74126,74127,74128,74129,74130,74133,74134,74135,74136,74145,74146,74169,74021,74066,74063,74055,74070,74033,74347,74352,74364,74365,74401,74402,74403,74423,74427,74434,74441,74451,74452,74457,74464,74465,74471,74960,74964,74965,74359,74931,74435,74962,74945,74955,74467 |
| Federal operating authority  | 1902(a)(70) NEMT                     | 1115(a) (Medicaid demonstration waivers) | PACE   |
| Program start date   | 06/01/2006                           | 01/01/1996                               | 08/01/2008   |
| Waiver expiration date (if applicable)   | —                                    | 12/31/2023                               | —  |
| If the program ended in 2021, indicate the end date  | —                                    | —  | —  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                            | Mandatory                                | —  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | —                                    | —  | —  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                            | Mandatory                                | Voluntary  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | —                                    | Mandatory                                | —  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | —                                    | Voluntary                                | —  |
| Populations enrolled: Full Duals   | Mandatory                            | —  | Voluntary  |

| Features  | SoonerRide   | SoonerCare Choice                                    | PACE  |
|---|--------------|--|---|
| Populations enrolled: Children with Special Health Care Needs           | –            | –  | –   |
| Populations enrolled: Native American/Alaskan Natives                   | Mandatory    | Voluntary  | Voluntary   |
| Populations enrolled: Foster Care and Adoption Assistance Children      | Exempt       | Voluntary  | Exempt  |
| Populations enrolled: Enrollment choice period                          | Pre-assigned | N/A  | N/A   |
| Populations enrolled: Enrollment broker name (if applicable)            | Logisticare  | Maximus  | –   |
| Populations enrolled: Notes on enrollment choice period                 | –            | Members are enrolled within 72 hours of application. | The enrollment process takes approximately 4-6 weeks. Members are enrolled throughout the entire month to be effective the first day of the following month. Members go through the PACE organizations for the entire enrollment process. |
| Benefits covered: Inpatient hospital physical health                    | –            | X  | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | –            | X  | X   |
| Benefits covered: Outpatient hospital physical health                   | –            | X  | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | –            | X  | X   |
| Benefits covered: Partial hospitalization                               | –            | X  | X   |
| Benefits covered: Physician   | –            | X  | X   |
| Benefits covered: Nurse practitioner                                    | –            | X  | X   |
| Benefits covered: Rural health clinics and FQHCs                        | –            | X  | –   |
| Benefits covered: Clinic services                                       | –            | X  | X   |
| Benefits covered: Lab and x-ray   | –            | X  | X   |
| Benefits covered: Prescription drugs                                    | –            | X  | X   |
| Benefits covered: Prosthetic devices                                    | –            | X  | X   |
| Benefits covered: EPSDT   | –            | X  | –   |
| Benefits covered: Case management                                       | –            | X  | X   |
| Benefits covered: SSA Section 1945-authorized Health Home               | –            | –  | –   |
| Benefits covered: Home health services (services in home)               | –            | X  | X   |
| Benefits covered: Family planning                                       | –            | X  | –   |
| Benefits covered: Dental services (medical/surgical)                    | –            | X  | X   |
| Benefits covered: Dental (preventative or corrective)                   | –            | X  | –   |

| Features  | SoonerRide | SoonerCare Choice  | PACE   |
|---|------------|--|--|
| Benefits covered: Personal care (state plan option)   | –          | X  | –  |
| Benefits covered: HCBS waiver services  | –          | –  | –  |
| Benefits covered: Private duty nursing  | –          | X  | X  |
| Benefits covered: ICF-IDD   | –          | –  | –  |
| Benefits covered: Nursing facility services   | –          | –  | X  |
| Benefits covered: Hospice care  | X          | X  | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X          | X  | –  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –          | –  | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –          | Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision | Podiatry, Speech Therapy, Disease Management, Hearing, Institutional, Occupational Therapy, Physical Therapy, Skilled Nursing Facility, Vision |
| Quality assurance and improvement: HEDIS data required?   | No         | No   | No   |
| Quality assurance and improvement: CAHPS data required?   | No         | No   | No   |
| Quality assurance and improvement: Accreditation required?  | No         | No   | No   |
| Quality assurance and improvement: Accrediting organization   | –          | –  | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | –          | Telligen   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | –          | –  | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –          | –  | –  |
| Performance incentives: Public reports comparing plan performance on key metrics  | –          | –  | –  |
| Performance incentives: Withholds tied to performance metrics   | –          | –  | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | –          | –  | –  |
| Participating plans: Plans in Program   | SoonerRide | SoonerCare Choice  | Life PACE; Valir PACE; Cherokee Elder Care (CEC)   |
| Notes: Program notes  | –          | –  | PACE members are not eligible for SoonerRide.  |

## Oregon: Managed Care Program Features as of 2022

| Features   | Oregon Health Plan (OHP)                 | PACE   |
|--|--|--|
| Program type   | Comprehensive MCO + MLTSS                | Program of All-inclusive Care for the Elderly (PACE)   |
| Statewide or region-specific?  | Statewide                                | All of Multnomah County Washington County – 97113, 97116, 97140, 97062, 97078, 97003, 97123, 97124, 97005, 97006, 97007, 97008, 97223, 97224, 97225, 97229 Clackamas County – 97015, 97027, 97086, 97036, 97045, 97062, 97068, 97034, 97035, 97206, 97219, 97222, 97267, 97268, 97269 All of Clatsop County, Tillamook County – 97130, 97131, 97147 Jackson County – 97501, 97502, 97504, 97525, 97535, 97537 Josephine County – 97526, 97527, 97543 |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers) | PACE   |
| Program start date   | 02/01/1994                               | 01/01/1986   |
| Waiver expiration date (if applicable)   | 09/30/2027                               | –  |
| If the program ended in 2021, indicate the end date  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                                | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                                | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary                                | –  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Voluntary                                | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                                | –  |
| Populations enrolled: Full Duals   | Voluntary                                | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                                | –  |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary                                | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary                                | –  |
| Populations enrolled: Enrollment choice period   | Pre-assigned                             | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | –  | –  |
| Populations enrolled: Notes on enrollment choice period  | –  | Flexible enrollment eligibility - rolling enrollment to be effective on the 1st of the following month.  |
| Benefits covered: Inpatient hospital physical health   | X  | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  | X  |
| Benefits covered: Outpatient hospital physical health  | X  | X  |

| Features  | Oregon Health Plan (OHP)              | PACE  |
|---|---------------------------------------|---|
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X                                     | X   |
| Benefits covered: Partial hospitalization   | –                                     | X   |
| Benefits covered: Physician   | X                                     | X   |
| Benefits covered: Nurse practitioner  | –                                     | X   |
| Benefits covered: Rural health clinics and FQHCs  | –                                     | –   |
| Benefits covered: Clinic services   | –                                     | X   |
| Benefits covered: Lab and x-ray   | X                                     | X   |
| Benefits covered: Prescription drugs  | X                                     | X   |
| Benefits covered: Prosthetic devices  | X                                     | X   |
| Benefits covered: EPSDT   | X                                     | –   |
| Benefits covered: Case management   | X                                     | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                                     | –   |
| Benefits covered: Home health services (services in home)   | X                                     | X   |
| Benefits covered: Family planning   | X                                     | –   |
| Benefits covered: Dental services (medical/surgical)  | X                                     | X   |
| Benefits covered: Dental (preventative or corrective)   | X                                     | X   |
| Benefits covered: Personal care (state plan option)   | –                                     | X   |
| Benefits covered: HCBS waiver services  | –                                     | X   |
| Benefits covered: Private duty nursing  | –                                     | –   |
| Benefits covered: ICF-IDD   | –                                     | –   |
| Benefits covered: Nursing facility services   | X                                     | X   |
| Benefits covered: Hospice care  | X                                     | X   |
| Benefits covered: Non-Emergency Medical Transportation  | X                                     | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                                     | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Hearing, Immunization, Vision         | Medications (OTC and RX), Mental Health Care, DME, Speech/Physical/Occupational/Recreational Therapeutic Services, Audiology/Optical/Podiatry Specialty Medical Care, Occupational and Physical Therapy and Social Services |
| Quality assurance and improvement: HEDIS data required?   | No                                    | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes                                   | No  |
| Quality assurance and improvement: Accreditation required?  | No                                    | No  |
| Quality assurance and improvement: Accrediting organization   | NCQA, URAC                            | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | HSAG (Health Services Advisory Group) | –   |

| Features   | Oregon Health Plan (OHP)  | PACE  |
|--|---|---|
| Performance incentives: Payment bonuses/differentials to reward plans                                | X   | X   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | –   |
| Performance incentives: Withholds tied to performance metrics  | X   | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | –   |
| Participating plans: Plans in Program  | <p>Advantage Dental Services; Capitol Dental Care, Inc.; Family Dental Care; AllCare Health Plan; Cascade Health Alliance; Columbia Pacific; Managed Dental Care of Oregon; ODS Community Health Inc.; Eastern Oregon CCO; HealthShare of Oregon; InterCommunity Health Network; Jackson Care Connect; PacificSource Community Solutions - Central Oregon; PacificSource Community Solutions - Columbia Gorge; PacificSource Community Solutions - Lane (CCO); PacificSource Community Solutions - Marion Polk (CCO); Trillium Community Health Plan - Tri-County; Trillium Community Health Plan; Umpqua Health Alliance; Advanced Health; Yamhill Community Care</p>  | <p>Providence Elder Place; AllCare PACE</p>   |
| Notes: Program notes   | <p>As of 2011, Medicaid (known as OHP Plus), mandatorily enrolled most benefit groups, except childless adults, into fully-capitated MCOs, or offered primary care case managers in some counties where managed care was not available. The program covered acute, primary and specialty care; dental and behavioral health services were covered through separate prepaid health plans, many of which are operated by counties. Under this system, beneficiaries requiring physical, behavioral, dental, and transportation services could receive them from as many as four separate entities. Oregon also has two small PACE programs, which provide all Medicaid and Medicare services to individuals age 55 and over who meet a nursing home level of care.</p> <p>On the Oregon Health Plan/Medicaid program, a person can be enrolled simultaneously in two or three plans. For example, a client can be enrolled in the PACE program for physical health, a dental plan (DCO) for dental care and a mental health plan (CCO) for mental health care. So the person would be counted three times, once in PACE, once for the DCO and once for the MHO. Or a person could be enrolled in a CCO for physical health and mental health but be enrolled in a DCO for dental health care. Then the person would be counted twice, once for the CCO enrollment and once for the dental care organization enrollment.</p> | <p>The PACE coordinator is: Cindy Susee, APD PACE Coordinator, 971-345-1168 or contact the Department of Human Services, Aging and People with Disabilities PACE Coordinator at 1-844-224-7223.</p> |

## Pennsylvania: Managed Care Program Features as of 2022

| Features  | Adult Community Autism Program                       | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices                              | Living Independence for the Elderly (LIFE)   | Community HealthChoices   | Physical Health HealthChoices |
|---|--|--|--|--|---------------------------|-------------------------------|
| Program type  | Other Prepaid Health Plan (PHP) (limited benefits)   | Non-Emergency Medical Transportation             | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE)   | Comprehensive MCO + MLTSS | Comprehensive MCO             |
| Statewide or region-specific?                       | Dauphin, Cumberland, Lancaster, and Chester Counties | Philadelphia County                              | Statewide  | Allegheny, Armstrong, Beaver, Bedford, Berks, Blair, Bucks, Butler, Cambria, Chester, Clarion, Clinton, Columbia, Crawford, Cumberland, Dauphin, Delaware, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Indiana, Jefferson, Juniata, Lackawanna, Lancaster, Lawrence, Lebanon, Lehigh, Luzerne, Lycoming, Mercer, Mifflin, Montgomery, Montour, Northampton, Northumberland, Perry, Philadelphia, Schuylkill, Snyder, Somerset, Union, Venango, Warren, Washington, Westmoreland, York, Cameron, Clearfield, McKean | Statewide                 | Statewide                     |
| Federal operating authority                         | 1915(a)  | 1902(a)(70) NEMT                                 | 1115(a) (Medicaid demonstration waivers), 1915(b)            | PACE   | 1915(b)/1915(c)           | 1915(b)                       |
| Program start date                                  | 08/01/2009   | 11/01/2005                                       | 01/01/1997   | 07/24/1998   | 01/01/2018                | 02/01/1997                    |
| Waiver expiration date (if applicable)              | –  | –  | 12/31/2026   | –  | 12/31/2027                | 12/31/2026                    |
| If the program ended in 2021, indicate the end date | –  | –  | –  | –  | –                         | –                             |

| Features   | Adult Community Autism Program | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices | Living Independence for the Elderly (LIFE) | Community HealthChoices | Physical Health HealthChoices |
|--|--------------------------------|--|---------------------------------|--|-------------------------|-------------------------------|
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                              | Voluntary  | Mandatory                       | –  | –                       | Mandatory                     |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                              | Voluntary  | Mandatory                       | –  | –                       | Mandatory                     |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –                              | Voluntary  | Mandatory                       | –  | Mandatory               | Mandatory                     |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –                              | Voluntary  | Mandatory                       | –  | –                       | Mandatory                     |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                              | Voluntary  | Mandatory                       | –  | –                       | Mandatory                     |
| Populations enrolled: Full Duals   | Voluntary                      | Voluntary  | Mandatory                       | Voluntary                                  | Mandatory               | Mandatory                     |
| Populations enrolled: Children with Special Health Care Needs  | –                              | Voluntary  | Mandatory                       | –  | –                       | Mandatory                     |
| Populations enrolled: Native American/Alaskan Natives  | Exempt                         | Exempt   | Mandatory                       | Voluntary                                  | Mandatory               | Mandatory                     |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt                         | Voluntary  | Mandatory                       | Exempt                                     | Exempt                  | Mandatory                     |
| Populations enrolled: Enrollment choice period   | –                              | –  | Pre-assigned                    | N/A  | 15 days                 | 15 days                       |
| Populations enrolled: Enrollment broker name (if applicable)   | –                              | Modivcare  | –                               | Maximus                                    | Maximus                 | Maximus                       |
| Populations enrolled: Notes on enrollment choice period  | –                              | –  | –                               | Open enrollment all year                   | –                       | –                             |

| Features  | Adult Community Autism Program | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices | Living Independence for the Elderly (LIFE) | Community HealthChoices | Physical Health HealthChoices |
|---|--------------------------------|--|---------------------------------|--|-------------------------|-------------------------------|
| Benefits covered: Inpatient hospital physical health                    | –                              | –  | –                               | X  | X                       | X                             |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | –                              | –  | X                               | X  | –                       | –                             |
| Benefits covered: Outpatient hospital physical health                   | –                              | –  | –                               | X  | X                       | X                             |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | –                              | –  | X                               | X  | –                       | –                             |
| Benefits covered: Partial hospitalization                               | –                              | –  | X                               | X  | –                       | –                             |
| Benefits covered: Physician   | X                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: Nurse practitioner                                    | X                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: Rural health clinics and FQHCs                        | –                              | –  | X                               | –  | X                       | X                             |
| Benefits covered: Clinic services                                       | –                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: Lab and x-ray   | –                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: Prescription drugs                                    | –                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: Prosthetic devices                                    | –                              | –  | –                               | X  | X                       | X                             |
| Benefits covered: EPSDT   | –                              | –  | X                               | –  | –                       | X                             |
| Benefits covered: Case management                                       | –                              | –  | X                               | X  | X                       | X                             |
| Benefits covered: SSA Section 1945-authorized Health Home               | –                              | –  | –                               | –  | –                       | –                             |
| Benefits covered: Home health services (services in home)               | –                              | –  | –                               | X  | –                       | X                             |
| Benefits covered: Family planning                                       | –                              | –  | –                               | X  | X                       | X                             |
| Benefits covered: Dental services (medical/surgical)                    | X                              | –  | –                               | X  | X                       | X                             |

| Features  | Adult Community Autism Program  | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices  | Living Independence for the Elderly (LIFE) | Community HealthChoices                      | Physical Health HealthChoices   |
|---|---|--|--|--|--|---|
| Benefits covered: Dental (preventative or corrective)   | X   | –  | –  | X  | X  | X   |
| Benefits covered: Personal care (state plan option)   | –   | –  | –  | X  | –  | X   |
| Benefits covered: HCBS waiver services  | X   | –  | –  | X  | X  |   |
| Benefits covered: Private duty nursing  | –   | –  | –  | X  | –  | X   |
| Benefits covered: ICF-IDD   | –   | –  | –  | –  | X  | –   |
| Benefits covered: Nursing facility services   | X   | –  | –  | X  | X  | X   |
| Benefits covered: Hospice care  | –   | –  | –  | X  | X  | X   |
| Benefits covered: Non-Emergency Medical Transportation  | X   | X  | X  | X  | X  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   | –  | X  | –  | –  | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Podiatry, Speech Therapy, Occupational Therapy, Language Therapy, Counseling, Respite, Supported Employment | –  | Psychiatric Rehabilitation, Peer Support Services, Family Based Mental Health (MH) Services, Mobile MH Treatment, MH Crisis Intervention Services, SUD Residential Services, SUD Withdrawal Management | –  | Chiropractic, Maternity, Podiatrist Services | Nurse Midwife Services, Freestanding Birth Centers, Podiatry, Chiropractic Services, Optometrists, Renal Dialysis Centers, Ambulatory Surgical Centers, Medical Supplies and Equipment, Home Health (visiting nurses) |
| Quality assurance and improvement: HEDIS data required?   | No  | No   | Yes  | No   | Yes  | Yes   |
| Quality assurance and improvement: CAHPS data required?   | No  | No   | No   | No   | Yes  | Yes   |
| Quality assurance and improvement: Accreditation required?  | No  | No   | Yes  | No   | Yes  | Yes   |

| Features   | Adult Community Autism Program  | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices   | Living Independence for the Elderly (LIFE)  | Community HealthChoices   | Physical Health HealthChoices  |
|--|---------------------------------|--|---|---|---|--|
| Quality assurance and improvement: Accrediting organization  | –                               | –  | NCQA, JCAHO, URAC   | PACE Quality Improvement Program  | NCQA  | NCQA   |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Island Peer Review Organization | –  | Island Peer Review Organization   | –   | IPRO  | IPRO   |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –                               | –  | X   | –   | –   | X  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –                               | –  | –   | –   | –   | –  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –                               | –  | X   | –   | –   | X  |
| Performance incentives: Withholds tied to performance metrics  | –                               | –  | X   | –   | –   | X  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –                               | –  | X   | –   | X   | X  |
| Participating plans: Plans in Program  | Adult Community Autism Program  | Modivcare  | Allegheny County HealthChoices; Beaver County HealthChoices; Behavioral Health Alliance of Rural Pennsylvania; Behavioral Health Services of Somerset and Bedford Counties; Berks County HealthChoices; Blair County HealthChoices; Bucks County HealthChoices; Cambria County HealthChoices; Carbon-Monroe-Pike Joinder Board; Chester County HealthChoices; | Senior LIFE Greensburg H-2937; Senior LIFE Johnstown H-3925; Senior LIFE Altoona H- 5902; Senior LIFE York H- 0819; Senior LIFE Lehigh H- 5978; SpiriTrust LIFE H- 2537; Senior LIFE Washington H-2992; LIFE NWPA H-4999; LIFE Geisinger H- 2064; Mercy LIFE H- 3919; Mercy LIFE West Philadelphia H- 3908; LIFE St. Mary H-6551; Innovage LIFE H-9830; Albright LIFE H-9068; Community LIFE H- 3917; LIFE Pittsburgh | UPMC Community HealthChoices; Pennsylvania Health & Wellness; AmeriHealth Caritas; Keystone First | Aetna Better Health; Gateway Health; Health Partners Plan; United Healthcare Community Plan, Inc; UPMC for You; Geisinger Health Plan; AmeriHealth Caritas/AmeriHealth Caritas Northeast; Keystone First |

| Features | Adult Community Autism Program | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices  | Living Independence for the Elderly (LIFE)                                      | Community HealthChoices | Physical Health HealthChoices |
|----------|--------------------------------|--|--|---|-------------------------|-------------------------------|
|          |                                |  | Capital Area Behavioral Health Collaborative; Delaware County HealthChoices; Erie County HealthChoices; Fayette County HealthChoices; Lehigh County HealthChoices; Lycoming-Clinton Joinder Board; Montgomery County HealthChoices; Northampton County HealthChoices; Northeast Behavioral Health Care Consortium; Northwest Behavioral Health Partnership; Philadelphia County HealthChoices; Southwest Behavioral Health Management; Tuscarora Managed Care Alliance; York/Adams HealthChoices Joinder Governing Board | H-3918; VieCare Butler H-3060; VieCare Beaver H-7660; VieCare Armstrong H- 6118 |                         |                               |

| Features             | Adult Community Autism Program | Medical Assistance Transportation Program (MATP) | Behavioral Health HealthChoices  | Living Independence for the Elderly (LIFE)   | Community HealthChoices  | Physical Health HealthChoices   |
|----------------------|--------------------------------|--|--|--|--|---|
| Notes: Program notes | ACAP is a PIHP with MLTSS.     |  | 1115(a) authority is for Residential Drug and Alcohol services. 9/30/2027 is the waiver expiration date for 1115(a). Prescription drug coverage is Methadone only. | PACE programs cover specialists of all disciplines, as needed. PACE does not operate under a waiver. There is no limitation to scope or duration for services. | Participants go through choice counseling at initial enrollment and can change their plan at any time. | Full duals under 21 years of age are mandatory. Full Duals over 21 years of age and older without Medicare Part D, are mandatory in PH HealthChoices. Full duals over 21 years of age and older with Part D, are transitioned from PH HealthChoices to Community HealthChoices (CHC). Individuals enrolled in PH HealthChoices can change their plans at any time. Individuals in PH HealthChoices that go into a nursing facility are evaluated for long-term care and moved to CHC if long-term care is necessary. Also, personal care and shift nursing services are provided to kids under EPSDT. |

## Puerto Rico: Managed Care Program Features as of 2022

| Features   | Comprehensive MCO              | Comprehensive MCO - Medicare Platino |
|--|--------------------------------|--------------------------------------|
| Program type   | Comprehensive MCO              | Comprehensive MCO                    |
| Statewide or region-specific?  | Statewide                      | Statewide                            |
| Federal operating authority  | 1932(a), 1937 Alt Benefit Plan | —                                    |
| Program start date   | 02/01/1994                     | 01/01/2006                           |
| Waiver expiration date (if applicable)   | —                              | —                                    |
| If the program ended in 2021, indicate the end date  | —                              | —                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                      | —                                    |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                      | —                                    |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                      | —                                    |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | —                              | —                                    |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | —                              | —                                    |
| Populations enrolled: Full Duals   | Mandatory                      | Voluntary                            |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                      | —                                    |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                      | Voluntary                            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                      | —                                    |
| Populations enrolled: Enrollment choice period   | Pre-assigned                   | Other                                |
| Populations enrolled: Enrollment broker name (if applicable)   | —                              | —                                    |
| Populations enrolled: Notes on enrollment choice period  | —                              | No specific time                     |
| Benefits covered: Inpatient hospital physical health   | X                              | X                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X                              | X                                    |
| Benefits covered: Outpatient hospital physical health  | X                              | X                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X                              | X                                    |
| Benefits covered: Partial hospitalization  | X                              | X                                    |
| Benefits covered: Physician  | X                              | X                                    |
| Benefits covered: Nurse practitioner   | —                              | —                                    |
| Benefits covered: Rural health clinics and FQHCs   | X                              | X                                    |
| Benefits covered: Clinic services  | X                              | X                                    |
| Benefits covered: Lab and x-ray  | X                              | X                                    |
| Benefits covered: Prescription drugs   | X                              | X                                    |
| Benefits covered: Prosthetic devices   | X                              | X                                    |

| Features  | Comprehensive MCO  | Comprehensive MCO - Medicare Platino  |
|---|--|---|
| Benefits covered: EPSDT   | X  | –   |
| Benefits covered: Case management   | –  | –   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –   |
| Benefits covered: Home health services (services in home)   | –  | –   |
| Benefits covered: Family planning   | X  | –   |
| Benefits covered: Dental services (medical/surgical)  | X  | X   |
| Benefits covered: Dental (preventative or corrective)   | X  | X   |
| Benefits covered: Personal care (state plan option)   | –  | X   |
| Benefits covered: HCBS waiver services  | –  | –   |
| Benefits covered: Private duty nursing  | –  | –   |
| Benefits covered: ICF-IDD   | –  | –   |
| Benefits covered: Nursing facility services   | –  | –   |
| Benefits covered: Hospice care  | –  | –   |
| Benefits covered: Non-Emergency Medical Transportation  | –  | –   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –  | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –  | –   |
| Quality assurance and improvement: HEDIS data required?   | Yes  | Yes   |
| Quality assurance and improvement: CAHPS data required?   | Yes  | Yes   |
| Quality assurance and improvement: Accreditation required?  | No   | No  |
| Quality assurance and improvement: Accrediting organization   | –  | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | –  | –   |
| Performance incentives: Payment bonuses/differentials to reward plans   | –  | –   |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  | –   |
| Performance incentives: Public reports comparing plan performance on key metrics  | –  | –   |
| Performance incentives: Withholds tied to performance metrics   | X  | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | X  | X   |
| Participating plans: Plans in Program   | Government Health Plan First Medical; Government Health Plan MMM Multi Health; Government Health Plan de Salud Menonita; Government Health Plan Triple S Salud | Medicare Platino - MMM Healthcare; Medicare Platino - MCS Advantage; Medicare Platino - HUMANA; Medicare Platino - Triple S Advantage |
| Notes: Program notes  | –  | –   |

## Rhode Island: Managed Care Program Features as of 2022

| Features   | Rhode Island Non-Emergency Medical Transportation Program | RI Medicaid PACE Program                             | Rite Smiles Dental Program               | Rite Care, Rhody Health Partners, and Medicaid Expansion |
|--|---|--|--|--|
| Program type   | Non-Emergency Medical Transportation                      | Program of All-inclusive Care for the Elderly (PACE) | Dental only (PAHP)                       | Comprehensive MCO  |
| Statewide or region-specific?  | Statewide   | Statewide  | Statewide                                | Statewide  |
| Federal operating authority  | 1902(a)(70) NEMT  | PACE   | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers)                 |
| Program start date   | 01/01/2019  | 01/01/2019   | 01/01/2019                               | 01/01/2019   |
| Waiver expiration date (if applicable)   | –   | –  | 12/31/2024                               | 12/31/2024   |
| If the program ended in 2021, indicate the end date  | –   | –  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –  | Mandatory                                | Mandatory  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory   | –  | Mandatory                                | Mandatory  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Voluntary  | Mandatory                                | Mandatory  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –  | Mandatory                                | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory   | –  | –  | Mandatory  |
| Populations enrolled: Full Duals   | Mandatory   | Voluntary  | –  | –  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   |  | Mandatory                                | Mandatory  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory   | Voluntary  | Mandatory                                | Mandatory  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory   | Exempt   | Mandatory                                | Mandatory  |
| Populations enrolled: Enrollment choice period   | –   | N/A  | Pre-assigned                             | Other  |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –  | –  | –  |
| Populations enrolled: Notes on enrollment choice period  | –   | –  | –  | 90 Days  |
| Benefits covered: Inpatient hospital physical health   | –   | X  | –  | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | –   | X  | –  | X  |

| Features  | Rhode Island Non-Emergency Medical Transportation Program | RI Medicaid PACE Program | Rite Smiles Dental Program | Rite Care, Rhody Health Partners, and Medicaid Expansion |
|---|---|--------------------------|----------------------------|--|
| Benefits covered: Outpatient hospital physical health   | –   | X                        | –                          | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | –   | X                        | –                          | –  |
| Benefits covered: Partial hospitalization   | –   | X                        | –                          | X  |
| Benefits covered: Physician   | –   | X                        | –                          | X  |
| Benefits covered: Nurse practitioner  | –   | X                        | –                          | X  |
| Benefits covered: Rural health clinics and FQHCs  | –   | –                        | –                          | X  |
| Benefits covered: Clinic services   | –   | X                        | –                          | X  |
| Benefits covered: Lab and x-ray   | –   | X                        | –                          | X  |
| Benefits covered: Prescription drugs  | –   | X                        | –                          | X  |
| Benefits covered: Prosthetic devices  | –   | X                        | –                          | X  |
| Benefits covered: EPSDT   | –   | –                        | –                          | X  |
| Benefits covered: Case management   | –   | –                        | –                          | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –   | –                        | –                          | –  |
| Benefits covered: Home health services (services in home)   | –   | X                        | –                          | X  |
| Benefits covered: Family planning   | –   | –                        | –                          | X  |
| Benefits covered: Dental services (medical/surgical)  | –   | X                        | –                          | –  |
| Benefits covered: Dental (preventative or corrective)   | –   | X                        | X                          | –  |
| Benefits covered: Personal care (state plan option)   | –   | –                        | –                          | X  |
| Benefits covered: HCBS waiver services  | –   | –                        | –                          | X  |
| Benefits covered: Private duty nursing  | –   | X                        | –                          | X  |
| Benefits covered: ICF-IDD   | –   | –                        | –                          |  |
| Benefits covered: Nursing facility services   | –   | –                        | –                          | X  |
| Benefits covered: Hospice care  | –   | –                        | –                          | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X   | X                        | –                          | –  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –   | –                        | –                          | X  |

| Features   | Rhode Island Non-Emergency Medical Transportation Program | RI Medicaid PACE Program          | Rite Smiles Dental Program              | Rite Care, Rhody Health Partners, and Medicaid Expansion  |
|--|---|-----------------------------------|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | –   | –                                 | –                                       | Douglas, value add services   |
| Quality assurance and improvement: HEDIS data required?  | No  | No                                | Yes                                     | Yes   |
| Quality assurance and improvement: CAHPS data required?  | No  | No                                | Yes                                     | Yes   |
| Quality assurance and improvement: Accreditation required?   | Yes   | No                                | Yes                                     | Yes   |
| Quality assurance and improvement: Accrediting organization  | URAC  | –                                 | URAC                                    | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –   | –                                 | IPRO                                    | IPRO  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –                                 | –                                       | X   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –                                 | –                                       | X   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | X                                 | X                                       | X   |
| Performance incentives: Withholds tied to performance metrics  | X   | –                                 | –                                       | X   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | X                                 | X                                       | X   |
| Participating plans: Plans in Program  | Medical Transportation Management, Inc.                   | PACE Organization of Rhode Island | UnitedHealthcare Dental of Rhode Island | Neighborhood Health Plan of Rhode Island; United HealthCare of Rhode Island Community Plan; Tufts Health Public Plans |
| Notes: Program notes   | –   | –                                 | –                                       | –   |

## South Carolina: Managed Care Program Features as of 2022

| Features   | Program For All-Inclusive Care Of The Elderly (PACE)  | South Carolina Medical Homes Network (MHN)        | South Carolina Managed Care Organizations (MCO)  |
|--|---|---|--|
| Program type   | PACE  | Primary Care Case Management Entity (PCCM Entity) | Comprehensive MCO  |
| Statewide or region-specific?  | Greenville County, Pickens County, Anderson County, Richland County, Lexington County, Orangeburg County, Calhoun County, Bamberg County  | Statewide   | Statewide  |
| Federal operating authority  | PACE  | 1932(a)   | 1115(a) (Medicaid demonstration waivers), 1932(a)  |
| Program start date   | 01/01/2003  | 08/01/2007  | 09/01/1996   |
| Waiver expiration date (if applicable)   | –   | –   | –  |
| If the program ended in 2021, indicate the end date  | –   | –   | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –   | –   | Mandatory  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –   | –   | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary   | Voluntary   | Both   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –   | –   | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   | –  |
| Populations enrolled: Full Duals   | –   | –   | –  |
| Populations enrolled: Children with Special Health Care Needs  | –   | Voluntary   | Voluntary  |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary   | Voluntary   | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt  | Voluntary   | Voluntary  |
| Populations enrolled: Enrollment choice period   | N/A   | Other   | Other  |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –   | Maximus  |
| Populations enrolled: Notes on enrollment choice period  | 55+ members who meet nursing home level of care are eligible to enroll in PACE at any time, and is applicable to Medicare-only, Medicaid-only, or Dual-eligible, but NOT Prime members. | 90 days   | Members have 90 days to elect to a plan of their choice or become auto assigned. During annual enrollment period members have 60 days to change plans or remain in current plan. |

| Features  | Program For All-Inclusive Care Of The Elderly (PACE) | South Carolina Medical Homes Network (MHN) | South Carolina Managed Care Organizations (MCO) |
|---|--|--|---|
| Benefits covered: Inpatient hospital physical health  | X  | –  | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | –  | X   |
| Benefits covered: Outpatient hospital physical health   | X  | –  | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X  | –  | X   |
| Benefits covered: Partial hospitalization   | X  | –  | X   |
| Benefits covered: Physician   | X  | –  | X   |
| Benefits covered: Nurse practitioner  | X  | –  | X   |
| Benefits covered: Rural health clinics and FQHCs  | X  | –  | X   |
| Benefits covered: Clinic services   | X  | –  | X   |
| Benefits covered: Lab and x-ray   | X  | –  | X   |
| Benefits covered: Prescription drugs  | X  | –  | X   |
| Benefits covered: Prosthetic devices  | X  | –  | X   |
| Benefits covered: EPSDT   | –  | –  | X   |
| Benefits covered: Case management   | X  | X  | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | –  | –  | –   |
| Benefits covered: Home health services (services in home)   | X  | –  | X   |
| Benefits covered: Family planning   | –  | –  | X   |
| Benefits covered: Dental services (medical/surgical)  | X  | –  | –   |
| Benefits covered: Dental (preventative or corrective)   | X  | –  | –   |
| Benefits covered: Personal care (state plan option)   | X  | –  | –   |
| Benefits covered: HCBS waiver services  | X  | –  | –   |
| Benefits covered: Private duty nursing  | –  | –  | –   |
| Benefits covered: ICF-IDD   | –  | –  | –   |
| Benefits covered: Nursing facility services   | X  | –  | –   |
| Benefits covered: Hospice care  | –  | –  | –   |
| Benefits covered: Non-Emergency Medical Transportation  | X  | –  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –  | –  | X   |

| Features   | Program For All-Inclusive Care Of The Elderly (PACE)  | South Carolina Medical Homes Network (MHN)  | South Carolina Managed Care Organizations (MCO)   |
|--|---|---|---|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | –   | –   | Nurse midwife, birth centers, chiropractic services, therapy services (speech, hearing, language, etc.), and vision                                 |
| Quality assurance and improvement: HEDIS data required?  | No  | No  | Yes   |
| Quality assurance and improvement: CAHPS data required?  | No  | No  | Yes   |
| Quality assurance and improvement: Accreditation required?   | No  | No  | Yes   |
| Quality assurance and improvement: Accrediting organization  | –   | –   | NCQA  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | –   | –   | Constellation Quality Health  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –   | X   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –   | X   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –   | –   | X   |
| Performance incentives: Withholds tied to performance metrics  | –   | –   | X   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | –   | X   |
| Participating plans: Plans in Program  | Prisma Health Senior Care - Upstate;<br>Prisma Health Senior Care - Midlands;<br>Orangeburg Senior Helping Center | SC Solutions  | First Choice by Select Health; Healthy Blue by Blue Choice; Molina Healthcare of South Carolina; Absolute Total Care, Inc; Humana Healthy Horizons  |
| Notes: Program notes   | –   | Voluntary enrollment is only for Aged, Blind, Disabled (ABD) children under the age of 19. This plan is only for the Medically Complex children's waiver. | Mandatory enrollment in MCOs for the ABD population is for ages 19 and above. For members under the age of 19, enrollment into an MCO is voluntary. |

## South Dakota: Managed Care Program Features as of 2022

| Features   | PRIME                               |
|--|-------------------------------------|
| Program type   | Primary Care Case Management (PCCM) |
| Statewide or region-specific?  | Statewide                           |
| Federal operating authority  | 1932(a)                             |
| Program start date   | 10/02/2002                          |
| Waiver expiration date (if applicable)   | –                                   |
| If the program ended in 2021, indicate the end date  | –                                   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                                   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                                   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                           |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory                           |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                           |
| Populations enrolled: Full Duals   | –                                   |
| Populations enrolled: Children with Special Health Care Needs  | –                                   |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                           |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Exempt                              |
| Populations enrolled: Enrollment choice period   | N/A                                 |
| Populations enrolled: Enrollment broker name (if applicable)   | –                                   |
| Populations enrolled: Notes on enrollment choice period  | –                                   |
| Benefits covered: Inpatient hospital physical health   | –                                   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | –                                   |
| Benefits covered: Outpatient hospital physical health  | –                                   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | –                                   |
| Benefits covered: Partial hospitalization  | –                                   |
| Benefits covered: Physician  | –                                   |
| Benefits covered: Nurse practitioner   | –                                   |
| Benefits covered: Rural health clinics and FQHCs   | –                                   |
| Benefits covered: Clinic services  | –                                   |
| Benefits covered: Lab and x-ray  | –                                   |
| Benefits covered: Prescription drugs   | –                                   |
| Benefits covered: Prosthetic devices   | –                                   |
| Benefits covered: EPSDT  | –                                   |
| Benefits covered: Case management  | X                                   |
| Benefits covered: SSA Section 1945-authorized Health Home  | –                                   |
| Benefits covered: Home health services (services in home)  | –                                   |
| Benefits covered: Family planning  | –                                   |
| Benefits covered: Dental services (medical/surgical)   | –                                   |
| Benefits covered: Dental (preventative or corrective)  | –                                   |

| Features  | PRIME  |
|---|--|
| Benefits covered: Personal care (state plan option)   | –  |
| Benefits covered: HCBS waiver services  | –  |
| Benefits covered: Private duty nursing  | –  |
| Benefits covered: ICF-IDD   | –  |
| Benefits covered: Nursing facility services   | –  |
| Benefits covered: Hospice care  | –  |
| Benefits covered: Non-Emergency Medical Transportation  | –  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –  |
| Quality assurance and improvement: HEDIS data required?   | No   |
| Quality assurance and improvement: CAHPS data required?   | No   |
| Quality assurance and improvement: Accreditation required?  | No   |
| Quality assurance and improvement: Accrediting organization   | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans   | –  |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  |
| Performance incentives: Public reports comparing plan performance on key metrics  | –  |
| Performance incentives: Withholds tied to performance metrics   | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | –  |
| Participating plans: Plans in Program   | Multiple Primary Care Providers                                  |
| Notes: Program notes  | Disabled Children under age 19 are exempt from the PCCM program. |

## Tennessee: Managed Care Program Features as of 2022

| Features   | TennCare III  | Program of All-Inclusive Care for the Elderly   |
|--|---|---|
| Program type   | Comprehensive MCO + MLTSS                                   | PACE  |
| Statewide or region-specific?  | Statewide   | The PACE program in Tennessee delivers services to eligible individuals residing in Hamilton County, Tennessee. |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1945 Health Homes | PACE  |
| Program start date   | 01/08/2021  | 04/07/1999  |
| Waiver expiration date (if applicable)   | 12/31/2030  | –   |
| If the program ended in 2021, indicate the end date  | –   | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –   | –   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory   | Voluntary   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory   | –   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –   | –   |
| Populations enrolled: Full Duals   | Mandatory   | Voluntary   |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory   | –   |
| Populations enrolled: Native American/Alaskan Natives  | Exempt  | Exempt  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary   | –   |
| Populations enrolled: Enrollment choice period   | Pre-assigned  | N/A   |
| Populations enrolled: Enrollment broker name (if applicable)   | –   | –   |
| Populations enrolled: Notes on enrollment choice period  | –   | –   |
| Benefits covered: Inpatient hospital physical health   | X   | X   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | X   |
| Benefits covered: Outpatient hospital physical health  | X   | X   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X   | X   |
| Benefits covered: Partial hospitalization  | X   | X   |
| Benefits covered: Physician  | X   | X   |
| Benefits covered: Nurse practitioner   | X   | X   |
| Benefits covered: Rural health clinics and FQHCs   | X   | –   |

| Features  | TennCare III   | Program of All-Inclusive Care for the Elderly   |
|---|--|---|
| Benefits covered: Clinic services   | X  | X   |
| Benefits covered: Lab and x-ray   | X  | X   |
| Benefits covered: Prescription drugs  | X  | X   |
| Benefits covered: Prosthetic devices  | X  | X   |
| Benefits covered: EPSDT   | X  | –   |
| Benefits covered: Case management   | X  | X   |
| Benefits covered: SSA Section 1945-authorized Health Home   | X  | –   |
| Benefits covered: Home health services (services in home)   | X  | X   |
| Benefits covered: Family planning   | X  | –   |
| Benefits covered: Dental services (medical/surgical)  | X  | X   |
| Benefits covered: Dental (preventative or corrective)   | X  | X   |
| Benefits covered: Personal care (state plan option)   | X  | X   |
| Benefits covered: HCBS waiver services  | X  | X   |
| Benefits covered: Private duty nursing  | X  | X   |
| Benefits covered: ICF-IDD   | –  | –   |
| Benefits covered: Nursing facility services   | X  | X   |
| Benefits covered: Hospice care  | X  | X   |
| Benefits covered: Non-Emergency Medical Transportation  | X  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X  | –   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | TennCare covers freestanding birth centers, podiatrists' services, and other services as indicated in Tennessee's approved Medicaid State Plan (where limitations imposed on each service are identified). | Podiatry, nutrition counseling, recreational therapy and social activities, spiritual care, transportation, and escort to and from the PACE center, audiology and hearing aids, optometry and eyeglasses, and medical equipment and supplies are additional services covered by Tennessee's PACE program. |
| Quality assurance and improvement: HEDIS data required?   | Yes  | No  |
| Quality assurance and improvement: CAHPS data required?   | Yes  | No  |
| Quality assurance and improvement: Accreditation required?  | Yes  | No  |
| Quality assurance and improvement: Accrediting organization   | NCQA   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Qsource  | –   |
| Performance incentives: Payment bonuses/differentials to reward plans   | X  | –   |
| Performance incentives: Preferential auto-enrollment to reward plans  | –  | –   |

| Features   | TennCare III   | Program of All-Inclusive Care for the Elderly  |
|--|--|--|
| Performance incentives: Public reports comparing plan performance on key metrics                     | X  | —  |
| Performance incentives: Withholds tied to performance metrics  | X  | —  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X  | —  |
| Participating plans: Plans in Program  | Amerigroup; DentaQuest USA Insurance Company; OptumRx; UnitedHealthcare Community Plan; Volunteer State Health Plan (BlueCare); Volunteer State Health Plan (TennCare Select)  | Alexian Brothers Community Services  |
| Notes: Program notes   | <p>1. TennCare covers services only when they are determined to be medically necessary. 2. TennCare MCOs are required to contract with at least one rural health clinic and one FQHC in each service area. 3. TennCare's SSA Section 1945-authorized health home program (named "Tennessee Health Link") became effective on January 1, 2017. Tennessee Health Link provides health home services to adults and children with severe and persistent mental illness and/or emotional disturbances through TennCare's managed care organizations. 4. As of July 1, 2022 (i.e., the point in time of this report), dental services (preventive, diagnostic, and treatment) were available to TennCare enrollees under age 21, and to pregnant and postpartum women age 21 and older. Other enrollees age 21 and older were not entitled to dental services except the EMTALA screening and treatment of an emergency medical condition when an enrollee presented to an Emergency Department with a dental problem. This policy changed on January 1, 2023, when TennCare began covering dental services for all adult enrollees. 5. HCBS waiver services are available to members of TennCare CHOICES (TennCare's program of long-term services and supports for individuals who are elderly or who have physical disabilities), and to members of TennCare Employment and Community First CHOICES (TennCare's program of long-term services and supports for individuals who have intellectual or developmental disabilities). Both of these programs were approved by CMS as part of TennCare's 1115 Medicaid demonstration waiver to ensure that long-term services and supports are fully integrated with the physical health services and behavioral health services delivered to enrollees by TennCare's managed care organizations. 6. Nursing facility services are available to members of TennCare CHOICES. 7. On January 1, 2022, TennCare began covering chiropractic services as medically necessary for adult enrollees. (Prior to that date, chiropractic services had been covered as medically necessary only for children under age 21.) 8. Effective, April 1, 2022, TennCare began providing 12 months of postpartum coverage, whereas previously TennCare had provided approximately 60 days of postpartum coverage. 9.</p> | <p>A segment of Tennessee's PACE population qualifies for coverage solely by virtue of the TennCare III demonstration (Tennessee's 1115 Medicaid demonstration waiver) and not via Tennessee's Medicaid State Plan. TennCare III has a demonstration-only population referred to as the "PACE Carryover Group", which consists of individuals who were enrolled in a PACE program as of June 30, 2012, but who upon redetermination no longer qualify for enrollment due solely to the state's modification of its nursing facility level of care criteria.</p> <p>Individuals enroll in the PACE program voluntarily, but once enrolled, are required to participate in managed care. There is no FFS option for PACE services. Individuals who enroll in TennCare but opt not to participate in PACE are mandatorily enrolled in an MCO. The category of "Aged, Blind, or Disabled Children and Adults" has been checked because PACE applicants and recipients must meet the nursing facility level of care criteria (i.e., be disabled) to qualify for the program. It should be noted, however, that children may not qualify for PACE, since they do not meet the requirement that recipients must be aged 55 or older.</p> <p>Tennessee's PACE program complies with all quality assessment and performance improvement requirements outlined in federal regulation (42 CFR 460 Subpart H). The contract between TennCare and Alexian Brothers Community Services does provide for liquidated damages to be assessed on Alexian Brothers if provisions of the contract are not fulfilled.</p> |

| Features | TennCare III  | Program of All-Inclusive Care for the Elderly |
|----------|---|---|
|          | <p>The "ICF-IDD" box has not been checked because such services are reimbursed outside the TennCare III demonstration (even though recipients of the benefit are still enrolled in managed care for other benefits)</p> <p>1. TennCare does not cover any populations that could be characterized as "individuals receiving limited benefits," since all enrollees are provided a comprehensive package of health care benefits. Individuals eligible for coverage solely by virtue of the TennCare III demonstration are not entitled to certain State Plan services but still receive a wide range of physical health services, behavioral health services, and long-term services and supports. Members of the Medicaid Diversion group receive limited benefits, but they are not considered TennCare enrollees. 2. Both partial duals and members of the Medicaid Diversion group do not qualify for TennCare and, therefore, are not enrolled in a TennCare MCO.</p> <p>1. Regarding "Native American / Alaskan Native" enrollment, Tennessee does not have any federally recognized Indian tribes and, therefore, does not have a separate enrollment process for Native Americans or Alaskan Natives. 2. In reference to the "Enrollment Choice Period", individuals newly approved for TennCare are pre-assigned to an MCO but have a 90-day period in which they may transfer to a different MCO without cause. (Prior to July 1, 2019, this transfer period was only 45 days long.)</p> <p>As of July 1, 2022, most TennCare members were enrolled in more than one of the six plans identified. Each member was enrolled in one Managed Care Entity (MCE) for physical health services, behavioral health services, and long-term services and supports. Adults (excluding PACE members) were also enrolled in a second MCE for pharmacy benefits. Some adults (pregnant and postpartum women age 21 and older) were enrolled in a third MCE for dental benefits. Children were enrolled in one MCE for physical health services, behavioral health services, and long-term services and supports; a second MCE for pharmacy benefits; and a third MCE for dental benefits.</p> |   |

## Texas: Managed Care Program Features as of 2022

| Features   | PACE   | STAR HEALTH               | STAR+PLUS                                | Children's Medicaid<br>Dental Services   | STAR                                     | STAR Kids  |
|--|--|---------------------------|--|--|--|--|
| Program type   | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS | Comprehensive MCO + MLTSS                | Dental only (PAHP)                       | Comprehensive MCO                        | Comprehensive MCO + MLTSS  |
| Statewide or region-specific?  | Statewide  | Statewide                 | Statewide                                | Statewide                                | Statewide                                | Statewide  |
| Federal operating authority  | PACE   | 1915(a), 1915(b)/1915(c)  | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers) | 1115(a) (Medicaid demonstration waivers), 1915(b)/1915(c), 1945 Health Homes |
| Program start date   | 06/01/2001   | 04/01/2008                | 12/11/2011                               | 12/11/2011                               | 12/11/2011                               | 11/01/2016   |
| Waiver expiration date (if applicable)   | –  | 08/31/2027                | 09/30/2030                               | 09/30/2030                               | 09/30/2030                               | 09/30/2030   |
| If the program ended in 2021, indicate the end date  | –  | –                         | –  | –  | –  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –  | –                         | –  | –  | Mandatory                                | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –  | –                         | –  | –  | –  | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary  | –                         | Mandatory                                | Mandatory                                | Mandatory                                | Mandatory  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –  | –                         | –  | Mandatory                                | Mandatory                                | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | –                         | –  | –  | –  | –  |
| Populations enrolled: Full Duals   | Voluntary  | Voluntary                 | Mandatory                                | –  | –  | Mandatory  |
| Populations enrolled: Children with Special Health Care Needs  | –  | –                         | –  | –  | Mandatory                                | Mandatory  |

| Features   | PACE      | STAR HEALTH  | STAR+PLUS | Children's Medicaid<br>Dental Services | STAR      | STAR Kids |
|--|-----------|--|-----------|--|-----------|-----------|
| Populations enrolled:<br>Native American/Alaskan<br>Natives                      | Voluntary | Voluntary  | Voluntary | Voluntary                              | Voluntary | Voluntary |
| Populations enrolled:<br>Foster Care and<br>Adoption Assistance<br>Children      | Exempt    | Mandatory  | –         | Exempt                                 | Mandatory | Mandatory |
| Populations enrolled:<br>Enrollment choice<br>period                             | N/A       | Other  | 15 days   | 15 days                                | 15 days   | 15 days   |
| Populations enrolled:<br>Enrollment broker name<br>(if applicable)               | –         | MAXIMUS  | MAXIMUS   | MAXIMUS                                | MAXIMUS   | MAXIMUS   |
| Populations enrolled:<br>Notes on enrollment<br>choice period                    | –         | Members are auto-enrolled<br>by the enrollment broker. | –         | –                                      | –         | –         |
| Benefits covered:<br>Inpatient hospital<br>physical health                       | X         | X  | X         | –                                      | X         | X         |
| Benefits covered:<br>Inpatient hospital<br>behavioral health (MH<br>and/or SUD)  | X         | X  | X         | –                                      | X         | X         |
| Benefits covered:<br>Outpatient hospital<br>physical health                      | X         | X  | X         | –                                      | X         | X         |
| Benefits covered:<br>Outpatient hospital<br>behavioral health (MH<br>and/or SUD) | X         | X  | X         | –                                      | X         | X         |
| Benefits covered:<br>Partial hospitalization                                     | X         | –  | –         | –                                      | X         | –         |
| Benefits covered:<br>Physician   | X         | X  | X         | –                                      | X         | X         |
| Benefits covered: Nurse<br>practitioner  | X         | X  | X         | –                                      | X         | X         |
| Benefits covered: Rural<br>health clinics and<br>FQHCs                           | X         | X  | X         | –                                      | X         | X         |
| Benefits covered: Clinic<br>services   | X         | X  | X         | –                                      | X         | X         |
| Benefits covered: Lab<br>and x-ray   | X         | X  | X         | –                                      | X         | X         |
| Benefits covered:<br>Prescription drugs  | X         | X  | X         | –                                      | X         | X         |

| Features  | PACE | STAR HEALTH | STAR+PLUS | Children's Medicaid<br>Dental Services | STAR | STAR Kids |
|---|------|-------------|-----------|--|------|-----------|
| Benefits covered:<br>Prosthetic devices   | X    | X           | X         | –                                      | X    | X         |
| Benefits covered:<br>EPSDT  | –    | X           | X         | X                                      | X    | X         |
| Benefits covered: Case<br>management  | X    | X           | X         | –                                      | X    | X         |
| Benefits covered: SSA<br>Section 1945-<br>authorized Health<br>Home   | –    | –           | –         | –                                      | –    | X         |
| Benefits covered: Home<br>health services<br>(services in home)   | X    | X           | X         | –                                      | X    | X         |
| Benefits covered:<br>Family planning  | –    | X           | X         | –                                      | X    | X         |
| Benefits covered:<br>Dental services<br>(medical/surgical)  | X    | X           | X         | X                                      | X    | X         |
| Benefits covered:<br>Dental (preventative or<br>corrective)   | X    | X           | –         | X                                      | X    | X         |
| Benefits covered:<br>Personal care (state<br>plan option)   | X    | X           | X         | –                                      | –    | X         |
| Benefits covered:<br>HCBS waiver services   | X    | X           | X         | –                                      | –    | X         |
| Benefits covered:<br>Private duty nursing   | X    | X           | –         | –                                      | X    | X         |
| Benefits covered: ICF-<br>IDD   | –    | –           | –         | –                                      | –    | –         |
| Benefits covered:<br>Nursing facility services  | X    | –           | X         | –                                      | –    | –         |
| Benefits covered:<br>Hospice care   | X    | –           | –         | –                                      | –    | –         |
| Benefits covered: Non-<br>Emergency Medical<br>Transportation   | X    | X           | X         | –                                      | –    | X         |
| Benefits covered:<br>Institution for Mental<br>Disease inpatient<br>treatment for people<br>ages 21-64 defined by<br>42 CFR §438.6(e) as an<br>'in lieu of' benefit | –    | X           | X         | –                                      | X    | –         |

| Features   | PACE  | STAR HEALTH  | STAR+PLUS  | Children's Medicaid<br>Dental Services | STAR   | STAR Kids  |
|--|---|--|--|--|--|--|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | Adult day care/adult foster care, nursing, physical therapy, occupational therapy, recreational therapy, meals and nutrition counseling, social work/social services, medical supplies/adaptive aids and minor home modifications, transportation to and from medical appointments, audiology, dentistry, optometry, podiatry, speech therapy, respite care, medical care provided by a PACE physician familiar with the history, needs, and preferences of each participant. | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services. | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services, emergency and non-emergency ambulance, audiology and hearing aids, behavioral health services, prenatal care, birthing services, cancer screening, diagnostic and treatment, chiropractic services, dialysis, durable medical equipment, early childhood intervention, emergency services, laboratory, mastectomy, breast reconstruction, and related, radiology, therapies, organ transplant, telemedicine, community-based long term services and supports including habilitation, emergency response services, and support management. | –                                      | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services. | Diagnostic services, podiatrist services, medical supplies, non-prescription drugs, eye glasses, preventive services, nurse midwife services, and pediatric or family nurse practitioner services. |
| Quality assurance and improvement: HEDIS data required?  | No  | Yes  | Yes  | Yes                                    | Yes  | Yes  |
| Quality assurance and improvement: CAHPS data required?  | No  | Yes  | Yes  | Yes                                    | Yes  | Yes  |
| Quality assurance and improvement: Accreditation required?   | No  | Yes  | Yes  | Yes                                    | No, but accreditation considered in plan selection criteria  | Yes  |

| Features  | PACE | STAR HEALTH                       | STAR+PLUS                         | Children's Medicaid<br>Dental Services | STAR                              | STAR Kids                         |
|---|------|-----------------------------------|-----------------------------------|--|-----------------------------------|-----------------------------------|
| Quality assurance and improvement:<br>Accrediting organization  | –    | NCQA, URAC                        | NCQA, URAC                        | URAC                                   | NCQA, URAC                        | NCQA, URAC                        |
| Quality assurance and improvement: EQRO<br>contractor name (if applicable)                              | –    | Institute for Child Health Policy | Institute for Child Health Policy | Institute for Child Health Policy      | Institute for Child Health Policy | Institute for Child Health Policy |
| Performance incentives:<br>Payment bonuses/differentials to reward plans                                | –    | –                                 | X                                 | X                                      | X                                 | X                                 |
| Performance incentives:<br>Preferential auto-enrollment to reward plans                                 | –    | X                                 | X                                 | –                                      | X                                 | X                                 |
| Performance incentives:<br>Public reports comparing plan performance on key metrics                     | –    | X                                 | X                                 | X                                      | X                                 | X                                 |
| Performance incentives:<br>Withholds tied to performance metrics  | –    | –                                 | –                                 | –                                      | –                                 | –                                 |
| Performance incentives:<br>MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –    | X                                 | X                                 | X                                      | X                                 | X                                 |

| Features                                 | PACE   | STAR HEALTH   | STAR+PLUS  | Children's Medicaid Dental Services  | STAR   | STAR Kids  |
|--|--|---|--|--|--|--|
| Participating plans:<br>Plans in Program | Bienvivir Senior Health Services (El Paso); Silver Star Health Network (Lubbock); The Basic at Jan Werner (Amarillo) | Superior Health Plan  | Amerigroup Texas, Inc; Superior HealthPlan, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Molina Healthcare of Texas, Inc. | MCNA Insurance Company; DentaQuest USA Insurance Company, Inc.; UnitedHealthcare Insurance Company   | Amerigroup Texas, Inc.; Superior Health Plan, Inc.; El Paso Health Plans, Inc., dba El Paso Health; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; Seton Health Plan, Inc. dba Dell Children's Health Plan; UnitedHealthcare Insurance Company, dba United Healthcare Community Plan; Texas Children's Health Plan, Inc.; Molina Healthcare of Texas, Inc.; Driscoll Children's Health Plan; Parkland Community Health Plan, inc.; Cook Children's Health Plan; Community Health Choice Texas, Inc.; Health Care Service Corp. (dba Blue Cross Blue Shield); SHA.LLC, dba FirstCare Health Plans; Scott & White Health Plan | Amerigroup Insurance Company; Superior HealthPlan, Inc.; Aetna Better Health of Texas, Inc.; Community First Health Plans, Inc.; UnitedHealthcare Insurance Company, dba United Healthcare; Texas Children's Health Plan, Inc.; Driscoll Children's Health Plan; Cook Children's Health Plan; Health Care Service Corporation DBA Blue Cross and Blue Shield of Texas (BCBSTX) |
| Notes: Program notes                     | –  | Enrollment in the STAR Health Program is voluntary for the following populations: 1) Children and young adults in DFPS conservatorship; 2) Emancipated minors or members age 18-22 who voluntarily agree to continue in foster placement; 3) Young adults age 18-21 who have exited care and are participating in the Medicaid for Transitional Foster Care Youth (MTFCY) or Former | 1115(a) Medicaid demonstration waivers - Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.   | UnitedHealthcare Insurance Company is a new plan. 1115(a) Medicaid demonstration waivers - Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030. | 1115(a) Medicaid demonstration waivers - Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.   | Foster Care and Adoption Assistance choose between STAR Kids and STAR Health. 1115(a) Medicaid demonstration waivers - Waiver Authority Expiration Date updated from 09/30/2022 to 09/30/2030.   |

| Features | PACE | STAR HEALTH  | STAR+PLUS | Children's Medicaid<br>Dental Services | STAR | STAR Kids |
|----------|------|--|-----------|--|------|-----------|
|          |      | <p>Foster Care Children (FFCC) program. 4) An infant born to a mother who is enrolled in STAR Health; 5) Children through age 17 and young adults aged 18 through the month of their 21st birthday who are receiving Supplemental Security Income (SSI) or who were receiving Supplemental Income before becoming eligible for AA or PCA; and Children through age 17 and young adults aged 18 through the month of their 21st who are enrolled in a 1915(c) Medicaid Waiver and AA or PCA. Additional Notes: STAR Health members may receive HCBS through state plan HCBS such as Community First Choice and Personal Care Services; they also can receive Medically Dependent Children's Program services under the MDCP 1915 (c) waiver delivered through the STAR Health managed care program. STAR Health is operated under the state plan by contract with a managed care organization. Children and youth in Foster Care Medicaid are mandatorily enrolled in this program; this is allowed by the fact that the Texas Department of Family and Protective Services serves as the conservator for these members and chooses enrollment.</p> |           |  |      |           |

## Utah: Managed Care Program Features as of 2022

| Features   | Utah Medicaid Integrated Care                           | UNI HOME          | Transportation                       | Choice of Health Care Delivery | Prepaid Mental Health  | Dental             |
|--|---|-------------------|--------------------------------------|--------------------------------|--|--------------------|
| Program type   | Comprehensive MCO                                       | Comprehensive MCO | Non-Emergency Medical Transportation | Comprehensive MCO              | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Dental only (PAHP) |
| Statewide or region-specific?  | Salt Lake, Utah, Davis, Weber, and Washington counties. | Statewide         | Statewide                            | Statewide                      | Based on State counties and some multi-county partnerships.  | Statewide          |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers)                | 1915(a)           | 1902(a)(70) NEMT                     | 1915(b)                        | 1915(b)  | 1915(b)            |
| Program start date   | 01/01/2020  | 07/01/2011        | 07/12/2001                           | 03/23/1983                     | 07/01/1991   | 09/01/2013         |
| Waiver expiration date (if applicable)   | 06/30/2027  | 06/30/2025        | —                                    | 06/30/2027                     | 06/30/2027   | 12/31/2023         |
| If the program ended in 2021, indicate the end date  | —   | —                 | —                                    | —                              | —  | —                  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory   | —                 | —                                    | Both                           | Mandatory  | —                  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | —   | —                 | —                                    | Both                           | Mandatory  | —                  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | —   | Voluntary         | Mandatory                            | Both                           | Mandatory  | Mandatory          |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | —   | —                 | Mandatory                            | Both                           | Mandatory  | Mandatory          |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | —   | —                 | —                                    | Mandatory                      | Mandatory  | —                  |
| Populations enrolled: Full Duals   | —   | Voluntary         | Mandatory                            | Both                           | Mandatory  | Mandatory          |
| Populations enrolled: Children with Special Health Care Needs  | —   | Voluntary         | Mandatory                            | Both                           | Mandatory  | Mandatory          |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory   | Voluntary         | Mandatory                            | Mandatory                      | Mandatory  | Mandatory          |

| Features  | Utah Medicaid Integrated Care   | UNI HOME   | Transportation | Choice of Health Care Delivery  | Prepaid Mental Health | Dental  |
|---|---|--|----------------|---|-----------------------|---|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Exempt  | Voluntary  | Mandatory      | Mandatory   | Mandatory             | Mandatory   |
| Populations enrolled: Enrollment choice period                          | Other   | Other  | Pre-assigned   | Other   | Pre-assigned          | Other   |
| Populations enrolled: Enrollment broker name (if applicable)            | –   | –  | –              | –   | –                     | –   |
| Populations enrolled: Notes on enrollment choice period                 | 15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. The Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period. | No enrollment period. There is a waiting list for the program. | –              | 15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. The Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period. | –                     | 15-45 days. Enrollment choice date will vary depending on when the Enrollment file transaction takes place. The Enrollee will be able to change to another plan within the first 90 days of enrollment in the plan and during an annual open enrollment period. |
| Benefits covered: Inpatient hospital physical health                    | X   | X  | –              | X   | –                     | –   |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X   | X  | –              | –   | X                     | –   |
| Benefits covered: Outpatient hospital physical health                   | X   | X  | –              | X   | –                     | –   |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X   | X  | –              | –   | X                     | –   |
| Benefits covered: Partial hospitalization                               | X   | X  | –              | X   | X                     | –   |
| Benefits covered: Physician   | X   | X  | –              | X   | X                     | –   |
| Benefits covered: Nurse practitioner                                    | X   | X  | –              | X   | X                     | –   |
| Benefits covered: Rural health clinics and FQHCs                        | X   | X  | –              | X   | –                     | –   |
| Benefits covered: Clinic services                                       | X   | X  | –              | X   | X                     | –   |
| Benefits covered: Lab and x-ray   | X   | X  | –              | X   | X                     | –   |
| Benefits covered: Prescription drugs                                    | X   | X  | –              | X   | –                     | –   |

| Features   | Utah Medicaid Integrated Care  | UNI HOME  | Transportation | Choice of Health Care Delivery   | Prepaid Mental Health   | Dental |
|--|--|---|----------------|--|---|--------|
| Benefits covered: Prosthetic devices   | X  | X   | –              | X  | –   | –      |
| Benefits covered: EPSDT  | X  | X   | –              | X  | X   | –      |
| Benefits covered: Case management  | X  | X   | –              | X  | X   | –      |
| Benefits covered: SSA Section 1945-authorized Health Home  | –  | –   | –              | –  | –   | –      |
| Benefits covered: Home health services (services in home)  | X  | X   | –              | X  | –   | –      |
| Benefits covered: Family planning  | X  | X   | –              | X  | –   | –      |
| Benefits covered: Dental services (medical/surgical)   | –  | –   | –              | –  | –   | X      |
| Benefits covered: Dental (preventative or corrective)  | –  | –   | –              | –  | –   | X      |
| Benefits covered: Personal care (state plan option)  | –  | –   | –              | –  | –   | –      |
| Benefits covered: HCBS waiver services   | –  | –   | –              | –  | –   | –      |
| Benefits covered: Private duty nursing   | X  | X   | –              | X  | –   | –      |
| Benefits covered: ICF-IDD  | –  | –   | –              | –  | –   | –      |
| Benefits covered: Nursing facility services  | –  | –   | –              | –  | –   | –      |
| Benefits covered: Hospice care   | X  | X   | –              | X  | –   | –      |
| Benefits covered: Non-Emergency Medical Transportation   | –  | –   | X              | –  | –   | –      |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of benefit | X  | –   | –              | –  | X   | –      |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)   | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center. | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical centers. | –              | Vision, podiatry, dialysis, DME, inpatient medical detox, nurse midwife services, free standing birth centers, ambulatory surgical center. | Comprehensive continuum of outpatient behavioral health services. | –      |
| Quality assurance and improvement: HEDIS data required?  | Yes  | Yes   | No             | Yes  | Yes   | Yes    |

| Features   | Utah Medicaid Integrated Care  | UNI HOME                      | Transportation | Choice of Health Care Delivery | Prepaid Mental Health          | Dental                         |
|--|--------------------------------|-------------------------------|----------------|--------------------------------|--------------------------------|--------------------------------|
| Quality assurance and improvement: CAHPS data required?  | Yes                            | Yes                           | No             | Yes                            | Yes                            | Yes                            |
| Quality assurance and improvement: Accreditation required?   | No                             | No                            | No             | No                             | No                             | No                             |
| Quality assurance and improvement: Accrediting organization  | –                              | –                             | –              | –                              | –                              | –                              |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group | Health Service Advisory Group | –              | Health Services Advisory Group | Health Services Advisory Group | Health Services Advisory Group |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –                              | –                             | –              | –                              | –                              | –                              |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –                              | –                             | –              | –                              | –                              | –                              |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –                              | –                             | –              | –                              | –                              | –                              |
| Performance incentives: Withholds tied to performance metrics  | –                              | –                             | –              | –                              | –                              | –                              |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –                              | –                             | –              | –                              | –                              | –                              |

| Features                              | Utah Medicaid Integrated Care   | UNI HOME   | Transportation | Choice of Health Care Delivery   | Prepaid Mental Health  | Dental  |
|---------------------------------------|---|--|----------------|--|--|---|
| Participating plans: Plans in Program | Healthy U Integrated; Molina Integrated; Health Choice Integrated; SelectHealth Integrated  | HOME   | Modivcare      | Healthy U; Molina; Health Choice; SelectHealth   | Bear River Mental Health; Central Utah Counseling Center; Davis Behavioral Health; Four Corners Community Behavioral Health; Healthy U Behavioral Health; Northeastern Counseling Center; Salt Lake County Division of Behavioral Health Services; Southwest Behavioral Health Center; Wasatch Behavioral Health; United Behavioral Health; Weber Human Services | Premier Access; MCNA Dental   |
| Notes: Program notes                  | Medicaid integration pilot program set up for Medicaid Expansion Adults in Salt Lake, Utah, Davis, Weber, and Washington counties. Enrollment is mandatory for eligible individuals. Enrollees will be provided with both physical and behavioral health services. They will not enroll in a separate Prepaid Mental Health Plan. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Utah Medicaid Integrated Care, they may not also be enrolled in Choice of Health Care Delivery program, and vice-versa. | 1915(a) is the operating authority. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa. | –              | Each of the enrollment subgroups can be voluntarily or mandatorily enrolled, depending on the county where they reside. 13 counties have mandatory enrollment, and 16 have voluntary enrollment. Mandatory enrollment is required in the following 13 counties: Box Elder, Cache, Davis, Iron, Morgan, Rich, Salt Lake, Summit, Tooele, Utah, Wasatch, Washington, and Weber. All other counties are voluntary enrollment in the plans. Individuals may only enroll in one MCO program. For example, if an individual is enrolled under the Choice of Health Care Delivery, they may not also be enrolled in UNI HOME, and vice-versa. | –  | Pregnant women are an enrollment group covered by Dental. The only other options available to select (Low Income Adults) excluded pregnant women. Only Foster Care children are exempt from Dental PAHP enrollment. Those qualifying for subsidized option are mandatorily enrolled in a Dental PAHP. |

## Vermont: Managed Care Program Features as of 2022

| Features   | Global Commitment to Health Demonstration  |
|--|--|
| Program type   | Comprehensive MCO + MLTSS  |
| Statewide or region-specific?  | Statewide  |
| Federal operating authority  | 1115(a) (Medicaid demonstration waivers), 1937 Alt Benefit Plan, 1945 Health Homes |
| Program start date   | 10/01/2015   |
| Waiver expiration date (if applicable)   | 12/31/2027   |
| If the program ended in 2021, indicate the end date  | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory  |
| Populations enrolled: Full Duals   | Mandatory  |
| Populations enrolled: Children with Special Health Care Needs  | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory  |
| Populations enrolled: Enrollment choice period   | Pre-assigned   |
| Populations enrolled: Enrollment broker name (if applicable)   | –  |
| Populations enrolled: Notes on enrollment choice period  | –  |
| Benefits covered: Inpatient hospital physical health   | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X  |
| Benefits covered: Outpatient hospital physical health  | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X  |
| Benefits covered: Partial hospitalization  | X  |
| Benefits covered: Physician  | X  |
| Benefits covered: Nurse practitioner   | X  |
| Benefits covered: Rural health clinics and FQHCs   | X  |
| Benefits covered: Clinic services  | X  |
| Benefits covered: Lab and x-ray  | X  |
| Benefits covered: Prescription drugs   | X  |
| Benefits covered: Prosthetic devices   | X  |
| Benefits covered: EPSDT  | X  |
| Benefits covered: Case management  | X  |
| Benefits covered: SSA Section 1945-authorized Health Home  | X  |
| Benefits covered: Home health services (services in home)  | X  |
| Benefits covered: Family planning  | X  |
| Benefits covered: Dental services (medical/surgical)   | X  |
| Benefits covered: Dental (preventative or corrective)  | X  |

| Features  | Global Commitment to Health Demonstration   |
|---|---|
| Benefits covered: Personal care (state plan option)   | X   |
| Benefits covered: HCBS waiver services  | X   |
| Benefits covered: Private duty nursing  | X   |
| Benefits covered: ICF-IDD   | X   |
| Benefits covered: Nursing facility services   | X   |
| Benefits covered: Hospice care  | X   |
| Benefits covered: Non-Emergency Medical Transportation  | X   |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X   |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Nurse midwives; Chiropractic; PT/OT/SP; Tobacco cessation counseling; Optometrist services; High tech nursing services; Optician services; Naturopathic physician services; and Behavioral health services. |
| Quality assurance and improvement: HEDIS data required?   | Yes   |
| Quality assurance and improvement: CAHPS data required?   | Yes   |
| Quality assurance and improvement: Accreditation required?  | No  |
| Quality assurance and improvement: Accrediting organization   | –   |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | Health Services Advisory Group  |
| Performance incentives: Payment bonuses/differentials to reward plans   | X   |
| Performance incentives: Preferential auto-enrollment to reward plans  | –   |
| Performance incentives: Public reports comparing plan performance on key metrics  | –   |
| Performance incentives: Withholds tied to performance metrics   | X   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes  | –   |
| Participating plans: Plans in Program   | Department of Vermont Health Access   |
| Notes: Program notes  | Health homes provide coordinated, systemic, whole person care to Vermont Medicaid beneficiaries who receive medication assisted therapy (MAT) for opioid dependency.  |

## Virginia: Managed Care Program Features as of 2022

| Features   | Commonwealth Coordinated Care Plus (CCC Plus) | Medallion 4.0     | Program of All-inclusive Care for the Elderly (PACE)   |
|--|---|-------------------|--|
| Program type   | Comprehensive MCO + MLTSS                     | Comprehensive MCO | PACE   |
| Statewide or region-specific?  | Statewide                                     | Statewide         | Alexandria, Big Stone Gap, Cedar Bluff, Charlottesville, Farmville, Gretna, Lynchburg, Marion, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, Salem |
| Federal operating authority  | 1915(b)/1915(c)                               | 1915(b)           | PACE   |
| Program start date   | 08/01/2017                                    | 08/01/2018        | 02/05/2009   |
| Waiver expiration date (if applicable)   | 09/30/2023                                    | 09/30/2023        | –  |
| If the program ended in 2021, indicate the end date  | –   | –                 | –  |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory                                     | Mandatory         | –  |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory                                     | Mandatory         | –  |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory                                     | –                 | –  |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –   | Mandatory         | –  |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | Mandatory                                     | –                 | –  |
| Populations enrolled: Full Duals   | Mandatory                                     | –                 | Voluntary  |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory                                     | Mandatory         | –  |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory                                     | Mandatory         | Voluntary  |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Mandatory                                     | Mandatory         | Exempt   |
| Populations enrolled: Enrollment choice period   | Pre-assigned                                  | Pre-assigned      | N/A  |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus                                       | Maximus           | –  |
| Populations enrolled: Notes on enrollment choice period  | –   | –                 | –  |
| Benefits covered: Inpatient hospital physical health   | X   | X                 | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X   | X                 | X  |

| Features  | Commonwealth Coordinated Care Plus (CCC Plus) | Medallion 4.0 | Program of All-inclusive Care for the Elderly (PACE) |
|---|---|---------------|--|
| Benefits covered: Outpatient hospital physical health   | X   | X             | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)   | X   | X             | X  |
| Benefits covered: Partial hospitalization   | X   | X             | X  |
| Benefits covered: Physician   | X   | X             | X  |
| Benefits covered: Nurse practitioner  | X   | X             | X  |
| Benefits covered: Rural health clinics and FQHCs  | X   | X             | –  |
| Benefits covered: Clinic services   | X   | X             | X  |
| Benefits covered: Lab and x-ray   | X   | X             | X  |
| Benefits covered: Prescription drugs  | X   | X             | X  |
| Benefits covered: Prosthetic devices  | X   | X             | X  |
| Benefits covered: EPSDT   | X   | X             | –  |
| Benefits covered: Case management   | X   | X             | X  |
| Benefits covered: SSA Section 1945-authorized Health Home   | –   | –             | –  |
| Benefits covered: Home health services (services in home)   | X   | X             | X  |
| Benefits covered: Family planning   | X   | X             |  |
| Benefits covered: Dental services (medical/surgical)  | X   | X             | X  |
| Benefits covered: Dental (preventative or corrective)   | X   | X             | X  |
| Benefits covered: Personal care (state plan option)   | X   | X             | X  |
| Benefits covered: HCBS waiver services  | X   | –             | –  |
| Benefits covered: Private duty nursing  | X   | X             | X  |
| Benefits covered: ICF-IDD   | –   | –             | –  |
| Benefits covered: Nursing facility services   | X   | –             | X  |
| Benefits covered: Hospice care  | X   | –             | X  |
| Benefits covered: Non-Emergency Medical Transportation  | X   | X             | X  |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | X   | X             | –  |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –   | –             | –  |
| Quality assurance and improvement: HEDIS data required?   | Yes   | Yes           | No   |

| Features   | Commonwealth Coordinated Care Plus (CCC Plus)   | Medallion 4.0  | Program of All-inclusive Care for the Elderly (PACE)   |
|--|---|--|--|
| Quality assurance and improvement: CAHPS data required?  | Yes   | Yes  | No   |
| Quality assurance and improvement: Accreditation required?   | Yes   | Yes  | No   |
| Quality assurance and improvement: Accrediting organization  | NCQA  | NCQA   | –  |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Health Services Advisory Group  | Health Services Advisory Group   | –  |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –  | –  |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –  | –  |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | X  | –  |
| Performance incentives: Withholds tied to performance metrics  | X   | X  | –  |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | X  | –  |
| Participating plans: Plans in Program  | Aetna Better Health of Virginia; Anthem Healthkeepers; Molina Healthcare of Virginia, LLC; Optima Health; United Healthcare; Virginia Premier | Anthem Healthkeepers Plus; Aetna Better Health of Virginia; Molina Healthcare of Virginia; Optima Family Care; United Healthcare of the Mid-Atlantic; Virginia Premier Health Plan | All Care for Seniors; Centra PACE Farmville; Centra PACE Gretna; Centra PACE Lynchburg; InnovAge Blue Ridge; InnovAge Virginia PACE - Peninsula; InnovAge Roanoke Valley; Mountain Empire PACE; Cherry Blossom PACE; Sentara PACE Churchland; Sentara PACE - Norfolk; InnovAge PACE Richmond |
| Notes: Program notes   | –   | –  | –  |

## Washington: Managed Care Program Features as of 2022

| Features   | Program of All-inclusive Care for the Elderly (PACE) | Apple Health/Healthy Options Health Homes Program | Fully Integrated Managed Care (FIMC)   | Behavioral Health Services Only (BHSO)                       | PCCM  |
|--|--|---|--|--|---|
| Program type   | PACE   | Comprehensive MCO                                 | Comprehensive MCO  | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Primary Care Case Management Entity (PCCM Entity)   |
| Statewide or region-specific?  | Statewide  | Statewide   | North Sound, Greater Columbia, King, Pierce, Spokane, North Central, Southwest, Salish, Great Rivers, Thurston-Mason | Statewide  | Clallam, Grays Harbor, King, Snohomish, Whatcom, Okanogan, Ferry, Stevens, Lincoln, Spokane, Benton, and Yakima |
| Federal operating authority  | PACE   | 1945 Health Homes                                 | 1932(a), 1945 Health Homes   | 1915(b)  | 1932(a)   |
| Program start date   | 01/01/1997   | 04/17/2017  | 04/01/2016   | 04/01/2016   | 07/01/1995  |
| Waiver expiration date (if applicable)   | –  | –   | –  | 09/30/2022   | –   |
| If the program ended in 2021, indicate the end date  | –  | –   | –  | –  | –   |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –  | Voluntary   | –  | –  | –   |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –  | Voluntary   | Mandatory  | Mandatory  | Voluntary   |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Voluntary  | Voluntary   | Mandatory  | Mandatory  | Voluntary   |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –  | Voluntary   | Mandatory  | Mandatory  | –   |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –  | Voluntary   | –  | –  | –   |
| Populations enrolled: Full Duals   | Voluntary  | Voluntary   | –  | Mandatory  | –   |
| Populations enrolled: Children with Special Health Care Needs  | –  | Voluntary   | Voluntary  | –  | Voluntary   |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary  | Voluntary   | Voluntary  | Voluntary  | Voluntary   |

| Features  | Program of All-inclusive Care for the Elderly (PACE) | Apple Health/Healthy Options Health Homes Program | Fully Integrated Managed Care (FIMC) | Behavioral Health Services Only (BHSO) | PCCM                         |
|---|--|---|--------------------------------------|--|------------------------------|
| Populations enrolled: Foster Care and Adoption Assistance Children      | Exempt   | Voluntary   | Voluntary                            | Voluntary                              | Voluntary                    |
| Populations enrolled: Enrollment choice period                          | N/A  | –   | Other                                | Other                                  | Other                        |
| Populations enrolled: Enrollment broker name (if applicable)            | –  | –   | –                                    | –                                      | –                            |
| Populations enrolled: Notes on enrollment choice period                 | –  | –   | Enrollment Open Continuously         | Enrollment Open Continuously           | Enrollment Open Continuously |
| Benefits covered: Inpatient hospital physical health                    | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X  | –   | X                                    | X                                      | –                            |
| Benefits covered: Outpatient hospital physical health                   | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X  | –   | X                                    | X                                      | X                            |
| Benefits covered: Partial hospitalization                               | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Physician   | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Nurse practitioner                                    | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Rural health clinics and FQHCs                        | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Clinic services                                       | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Lab and x-ray   | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Prescription drugs                                    | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Prosthetic devices                                    | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: EPSDT   | X  | –   | X                                    | –                                      | X                            |
| Benefits covered: Case management                                       | X  | –   | X                                    | X                                      | X                            |
| Benefits covered: SSA Section 1945-authorized Health Home               | –  | X   | X                                    | –                                      | –                            |
| Benefits covered: Home health services (services in home)               | X  | –   | X                                    | –                                      | X                            |

| Features  | Program of All-inclusive Care for the Elderly (PACE) | Apple Health/Healthy Options Health Homes Program | Fully Integrated Managed Care (FIMC) | Behavioral Health Services Only (BHSO) | PCCM |
|---|--|---|--------------------------------------|--|------|
| Benefits covered: Family planning   | –  | –   | X                                    | –                                      | X    |
| Benefits covered: Dental services (medical/surgical)  | X  | –   | X                                    | –                                      | X    |
| Benefits covered: Dental (preventative or corrective)   | X  | –   | –                                    | –                                      | –    |
| Benefits covered: Personal care (state plan option)   | X  | –   | –                                    | –                                      | –    |
| Benefits covered: HCBS waiver services  | X  | –   | –                                    | –                                      | –    |
| Benefits covered: Private duty nursing  | X  | –   | X                                    | –                                      | X    |
| Benefits covered: ICF-IDD   | X  | –   | –                                    | –                                      | –    |
| Benefits covered: Nursing facility services   | X  | –   | X                                    | –                                      | X    |
| Benefits covered: Hospice care  | X  | –   | X                                    | –                                      | X    |
| Benefits covered: Non-Emergency Medical Transportation  | X  | –   | –                                    | –                                      | –    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –  | –   | X                                    | –                                      | –    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | Comfort Care and Podiatry                            | –   | –                                    | –                                      | –    |
| Quality assurance and improvement: HEDIS data required?   | No   | No  | Yes                                  | No                                     | No   |
| Quality assurance and improvement: CAHPS data required?   | No   | No  | Yes                                  | No                                     | No   |
| Quality assurance and improvement: Accreditation required?  | No   | No  | Yes                                  | Yes                                    | No   |
| Quality assurance and improvement: Accrediting organization   | –  | –   | NCQA                                 | NCQA                                   | –    |
| Quality assurance and improvement: EQRO contractor name (if applicable)   | –  | –   | Comagine Health                      | Comagine Health                        | –    |

| Features   | Program of All-inclusive Care for the Elderly (PACE)  | Apple Health/Healthy Options Health Homes Program  | Fully Integrated Managed Care (FIMC)  | Behavioral Health Services Only (BHSO)   | PCCM  |
|--|---|--|---|--|---|
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –  | –   | –  | –   |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –  | X   | –  | –   |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –   | –  | X   | –  | –   |
| Performance incentives: Withholds tied to performance metrics  | –   | –  | X   | –  | –   |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –   | –  | X   | –  | –   |
| Participating plans: Plans in Program  | PACE  | Multiple Sites   | Amerigroup; Coordinated Care of Washington; Community Health Plan; Molina Health Care of Washington; United Health Care   | Amerigroup; Community Health Plan of Washington; Coordinated Care of Washington; Molina Health Care; United Health Care                    | Multiple Primary Care Providers   |
| Notes: Program notes   | State level MLTSS enrollment data is restricted to users of those services, not total enrollees in program that cover LTSS and does not include services received under a PACE Program. There are three PACE providers - Providence Elderplace located in King, Spokane and Snohomish counties, International Community Health Services, only located in King County, and Pacific Northwest PACE Partners, located in Pierce and King counties. | Washington delivers the optimal Health Home Medicaid/Medical Benefit both in the FFS system and through MCOs. Comprehensive MCOs are at risk for health home services plus a broad array of benefits including inpatient, outpatient, physician services, pharmacy, etc. For individuals in a PCCM, the MCO administers health home services separate from the PCCM program. | Please note, nursing home care under the managed care coverage would be for rehabilitation care only, custodial care is covered under FFS and not a benefit under managed care. | Clients who have factors that disqualify them for Integrated Health Care and need Behavioral Health Services will fall under this service. | Indian Health Services administers this program three service units - Colville Service Unit, Wellpinit Service Unit and Yakama Service Unit. Two FQHC's participate in this program - Seattle Indian Health Board and NATIVE Project of Spokane. Seven Tribes participate in this program - Confederated Tribes of the Colville Indian Reservation (through the Lake Roosevelt Community Health Centers for the half of the reservation that is outside of the Indian Health Service Colville Service Unit Service Area), lower Elwha Clallam Tribe, Lummi Nation, Nooksack Tribe, Puyallup Tribe, Quinalt Indian Nation, and Shoalwater Bay Tribe. |

## West Virginia: Managed Care Program Features as of 2022

| Features   | Mountain Health Trust | Mountain Health Promise | Non-Emergency Medical Transportation |
|--|-----------------------|-------------------------|--------------------------------------|
| Program type   | Comprehensive MCO     | Comprehensive MCO       | Non-Emergency Medical Transportation |
| Statewide or region-specific?  | Statewide             | Statewide               | Statewide                            |
| Federal operating authority  | 1915(b)               | 1915(b)                 | 1902(a)(70) NEMT                     |
| Program start date   | 01/01/1996            | 03/01/2021              | 10/01/2013                           |
| Waiver expiration date (if applicable)   | 06/30/2023            | 06/30/2023              | –                                    |
| If the program ended in 2021, indicate the end date  | –                     | –                       | –                                    |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | Mandatory             | –                       | Mandatory                            |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | Mandatory             | –                       | Mandatory                            |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | Mandatory             | –                       | Mandatory                            |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | Mandatory             | –                       | Mandatory                            |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                     | –                       | –                                    |
| Populations enrolled: Full Duals   | –                     | –                       | Mandatory                            |
| Populations enrolled: Children with Special Health Care Needs  | Mandatory             | –                       | Mandatory                            |
| Populations enrolled: Native American/Alaskan Natives  | Mandatory             | Exempt                  | Mandatory                            |
| Populations enrolled: Foster Care and Adoption Assistance Children   | –                     | Voluntary               | Mandatory                            |
| Populations enrolled: Enrollment choice period   | 60 days               | Pre-assigned            | Pre-assigned                         |
| Populations enrolled: Enrollment broker name (if applicable)   | Maximus US            | –                       | –                                    |
| Populations enrolled: Notes on enrollment choice period  | –                     | –                       | –                                    |
| Benefits covered: Inpatient hospital physical health   | X                     | X                       | –                                    |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)   | X                     | X                       | –                                    |
| Benefits covered: Outpatient hospital physical health  | X                     | X                       | –                                    |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)  | X                     | X                       | –                                    |

| Features  | Mountain Health Trust | Mountain Health Promise | Non-Emergency Medical Transportation |
|---|-----------------------|-------------------------|--------------------------------------|
| Benefits covered: Partial hospitalization   | X                     | X                       | –                                    |
| Benefits covered: Physician   | X                     | X                       | –                                    |
| Benefits covered: Nurse practitioner  | X                     | X                       | –                                    |
| Benefits covered: Rural health clinics and FQHCs  | X                     | X                       | –                                    |
| Benefits covered: Clinic services   | X                     | X                       | –                                    |
| Benefits covered: Lab and x-ray   | X                     | X                       | –                                    |
| Benefits covered: Prescription drugs  | X                     |                         | –                                    |
| Benefits covered: Prosthetic devices  | X                     | X                       | –                                    |
| Benefits covered: EPSDT   | X                     | X                       | –                                    |
| Benefits covered: Case management   | X                     | X                       | –                                    |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                     | –                       | –                                    |
| Benefits covered: Home health services (services in home)   | X                     | X                       | –                                    |
| Benefits covered: Family planning   | X                     | X                       | –                                    |
| Benefits covered: Dental services (medical/surgical)  | X                     | X                       | –                                    |
| Benefits covered: Dental (preventative or corrective)   | X                     | X                       | –                                    |
| Benefits covered: Personal care (state plan option)   | X                     | X                       | –                                    |
| Benefits covered: HCBS waiver services  | –                     | X                       | –                                    |
| Benefits covered: Private duty nursing  | X                     | X                       | –                                    |
| Benefits covered: ICF-IDD   | –                     | –                       | –                                    |
| Benefits covered: Nursing facility services   | –                     | –                       | –                                    |
| Benefits covered: Hospice care  | X                     | X                       | –                                    |
| Benefits covered: Non-Emergency Medical Transportation  | –                     | –                       | X                                    |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                     | –                       | –                                    |
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)  | –                     | –                       | –                                    |
| Quality assurance and improvement: HEDIS data required?   | Yes                   | Yes                     | No                                   |
| Quality assurance and improvement: CAHPS data required?   | Yes                   | Yes                     | No                                   |
| Quality assurance and improvement: Accreditation required?  | Yes                   | Yes                     | No                                   |

| Features   | Mountain Health Trust   | Mountain Health Promise  | Non-Emergency Medical Transportation |
|--|---|--|--------------------------------------|
| Quality assurance and improvement: Accrediting organization  | NCQA  | NCQA   | –                                    |
| Quality assurance and improvement: EQRO contractor name (if applicable)                              | Qlarant   | Qlarant  | –                                    |
| Performance incentives: Payment bonuses/differentials to reward plans                                | –   | –  | –                                    |
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –   | –  | –                                    |
| Performance incentives: Public reports comparing plan performance on key metrics                     | X   | –  | –                                    |
| Performance incentives: Withholds tied to performance metrics  | –   | –  | –                                    |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | X   | –  | –                                    |
| Participating plans: Plans in Program  | Aetna Better Health of WV; The Health Plan of WV; Unicare of WV | Aetna Better Health of WV  | Modivcare                            |
| Notes: Program notes   | –   | A note about HCBS: This waiver will run concurrent with the State's Children with Serious Emotional Disturbances (CSEDW) 1915(c) waiver (expiration date 1/31/2023) to allow BMS to provide HCBS services, and the Section 1115 Substance Use Disorder (SUD) (expiration date 12/31/2022) to allow enrollment into one specialized MCO. Proposal for a Section 1915(b) Capitated Waiver Program; Renewal Waiver Submittal; Mountain Health Promise. July 1, 2021 | –                                    |

## Wisconsin: Managed Care Program Features as of 2022

| Features                      | Children Come First (CCF)                                    | BadgerCare Plus   | SSI Managed Care  | WrapAround Milwaukee   | Program of All-inclusive Care for the Elderly (PACE) | Wisconsin Partnership Program  | Family Care   | Care4Kids  |
|-------------------------------|--|-------------------|-------------------|--|--|--|---|--|
| Program type                  | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Comprehensive MCO | Comprehensive MCO | Behavioral Health Organization (BHO) only (PIHP and/or PAHP) | Program of All-inclusive Care for the Elderly (PACE) | Comprehensive MCO + MLTSS  | MLTSS only (PIHP and/or PAHP)   | Other Prepaid Health Plan (PHP) (limited benefits)                       |
| Statewide or region-specific? | Dane County  | Statewide         | Statewide         | Milwaukee County   | Milwaukee, Waukesha, Kenosha, and Racine Counties    | Brown, Calumet, Columbia, Dane, Dodge, Fond du Lac, Jefferson, Kenosha, Manitowoc, Milwaukee, Outagamie, Ozaukee, Racine, Sauk, Washington, Waukesha, Waupaca, and Winnebago Counties. | Ashland, Barron, Bayfield, Brown, Buffalo, Burnett, Calumet, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Douglas, Dunn, Eau Claire, Florence, Forest, Fond du Lac, Grant, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, Kenosha, Kewaunee, La Crosse, Lafayette, Langlade, Lincoln, Manitowoc, Marathon, Marinette, Marquette, Menominee, Milwaukee, Monroe, Oconto, Oneida, Outagamie, Ozaukee, Pepin, Pierce, Polk, Portage, Price, Racine, Richland, Rock, Rusk, St. Croix, Sauk, Sawyer, Shawano, Sheboygan, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Washington, Waukesha, Waupaca, Waushara, Winnebago, and Wood Counties | Kenosha, Milwaukee, Ozaukee, Racine, Washington, and Washington Counties |

| Features   | Children Come First (CCF) | BadgerCare Plus | SSI Managed Care | WrapAround Milwaukee | Program of All-inclusive Care for the Elderly (PACE) | Wisconsin Partnership Program | Family Care     | Care4Kids             |
|--|---------------------------|-----------------|------------------|----------------------|--|-------------------------------|-----------------|-----------------------|
| Federal operating authority  | 1915(a)                   | 1932(a)         | 1932(a)          | 1915(a)              | PACE   | 1932(a)/1915(c)               | 1915(b)/1915(c) | 1937 Alt Benefit Plan |
| Program start date   | 04/01/1993                | 02/01/2008      | 04/01/2005       | 03/01/1997           | 11/01/1990   | 12/01/1995                    | 02/01/2000      | 01/01/2014            |
| Waiver expiration date (if applicable)   | –                         | –               | –                | –                    | –  | 12/31/2024                    | 12/31/2024      | –                     |
| If the program ended in 2021, indicate the end date  | –                         | –               | –                | –                    | –  | –                             | –               | –                     |
| Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities) | –                         | Mandatory       | –                | –                    | –  | –                             | –               | –                     |
| Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)     | –                         | Mandatory       | –                | –                    | –  | –                             | –               | –                     |
| Populations enrolled: Aged, Blind or Disabled Children or Adults   | –                         | –               | Mandatory        | –                    | Voluntary  | Mandatory                     | Mandatory       | –                     |
| Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)                          | –                         | Mandatory       | –                | –                    | –  | –                             | –               | –                     |
| Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)  | –                         | –               | –                | –                    | –  | –                             | –               | –                     |
| Populations enrolled: Full Duals   | –                         | Voluntary       | Voluntary        | –                    | Voluntary  | Voluntary                     | Mandatory       | –                     |
| Populations enrolled: Children with Special Health Care Needs  | Voluntary                 | –               | –                | Voluntary            | –  | –                             | –               | Voluntary             |
| Populations enrolled: Native American/Alaskan Natives  | Voluntary                 | Voluntary       | Voluntary        | Voluntary            | Voluntary  | Voluntary                     | Mandatory       | Voluntary             |
| Populations enrolled: Foster Care and Adoption Assistance Children   | Voluntary                 | Exempt          | Exempt           | Voluntary            | Exempt   | Exempt                        | Exempt          | Voluntary             |

| Features  | Children Come First (CCF)        | BadgerCare Plus                | SSI Managed Care               | WrapAround Milwaukee                       | Program of All-inclusive Care for the Elderly (PACE) | Wisconsin Partnership Program | Family Care     | Care4Kids  |
|---|----------------------------------|--------------------------------|--------------------------------|--|--|-------------------------------|-----------------|--|
| Populations enrolled: Enrollment choice period                          | Other                            | Other                          | Other                          | Other                                      | N/A  | Other                         | Other           | Other  |
| Populations enrolled: Enrollment broker name (if applicable)            | –                                | Maximus                        | MAXIMUS                        | –  | –  | –                             | –               | MAXIMUS  |
| Populations enrolled: Notes on enrollment choice period                 | Enrollment may occur at any time | 90 days open enrollment period | 90 days open enrollment period | Voluntary enrollment can occur at any time | Open enrollment                                      | Open enrollment               | Open enrollment | Open enrollment period as long as child remains in out of home care and resides in eligible placement setting/county |
| Benefits covered: Inpatient hospital physical health                    | –                                | X                              | X                              | –  | X  | X                             | –               | X  |
| Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)  | X                                | X                              | X                              | X  | X  | X                             | –               | X  |
| Benefits covered: Outpatient hospital physical health                   | –                                | X                              | X                              | –  | X  | X                             | –               | X  |
| Benefits covered: Outpatient hospital behavioral health (MH and/or SUD) | X                                | X                              | X                              | X  | X  | X                             | X               | X  |
| Benefits covered: Partial hospitalization                               | X                                | X                              | X                              | X  | X  | X                             | X               | X  |
| Benefits covered: Physician   | –                                | X                              | X                              | –  | X  | X                             | –               | X  |
| Benefits covered: Nurse practitioner                                    | –                                | X                              | X                              | –  | X  | X                             | –               | X  |
| Benefits covered: Rural health clinics and FQHCs                        | –                                | X                              | X                              | X  | X  | X                             | –               | X  |
| Benefits covered: Clinic services                                       | X                                | X                              | X                              | X  | X  | X                             | –               | X  |
| Benefits covered: Lab and x-ray   | –                                | X                              | X                              | –  | X  | X                             | –               | X  |
| Benefits covered: Prescription drugs                                    | –                                | –                              | –                              | –  | X  | X                             | –               | –  |
| Benefits covered: Prosthetic devices                                    | –                                | X                              | –                              | –  | X  | X                             | –               | X  |
| Benefits covered: EPSDT   | –                                | X                              | X                              | –  | –  | X                             | –               | X  |

| Features  | Children Come First (CCF) | BadgerCare Plus | SSI Managed Care | WrapAround Milwaukee | Program of All-inclusive Care for the Elderly (PACE) | Wisconsin Partnership Program | Family Care | Care4Kids |
|---|---------------------------|-----------------|------------------|----------------------|--|-------------------------------|-------------|-----------|
| Benefits covered: Case management   | X                         | X               | X                | X                    | X  | X                             | X           | X         |
| Benefits covered: SSA Section 1945-authorized Health Home   | –                         | –               | –                | –                    | –  | –                             | –           | –         |
| Benefits covered: Home health services (services in home)   | –                         | X               | X                | –                    | X  | X                             | X           | X         |
| Benefits covered: Family planning   | –                         | X               | X                | –                    | X  | X                             | –           | X         |
| Benefits covered: Dental services (medical/surgical)  | –                         | X               | X                | –                    | X  | X                             | –           | X         |
| Benefits covered: Dental (preventative or corrective)   | –                         | X               | X                | –                    | X  | X                             | –           | X         |
| Benefits covered: Personal care (state plan option)   | –                         | X               | X                | –                    | X  | X                             | X           | X         |
| Benefits covered: HCBS waiver services  | –                         | –               | –                | –                    | X  | X                             | X           | –         |
| Benefits covered: Private duty nursing  | –                         | X               | X                | –                    | X  | X                             | X           | X         |
| Benefits covered: ICF-IDD   | –                         | –               | –                | –                    | X  | X                             | X           | –         |
| Benefits covered: Nursing facility services   | –                         | X               | X                | –                    | X  | X                             | X           | X         |
| Benefits covered: Hospice care  | –                         | X               | X                | –                    | –  | X                             | –           | X         |
| Benefits covered: Non-Emergency Medical Transportation  | –                         | –               | –                | –                    | X  | X                             | X           | –         |
| Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit | –                         | X               | X                | X                    | –  | X                             | –           | –         |

| Features   | Children Come First (CCF) | BadgerCare Plus  | SSI Managed Care   | WrapAround Milwaukee | Program of All-inclusive Care for the Elderly (PACE)  | Wisconsin Partnership Program  | Family Care   | Care4Kids                            |
|--|---------------------------|--|--|----------------------|---|--|---|--------------------------------------|
| Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.) | –                         | Chiropractic (varies by plan), dental (varies by geographic region), prosthetic devices, nurse midwife services, podiatry. | Prosthetic devices, nurse midwife services, podiatry, and chiropractic (varies by plan), and dental (varies by geographic region). | –                    | Ambulatory surgical center; audiology; chiropractic; community mental health services; dialysis services; disposable medical supplies; durable medical equipment and medical supplies; Medicare deductible and coinsurance amounts; occupational therapy; physical therapy; podiatry; respiratory care for ventilator dependent persons; speech and language pathology; tuberculosis-related services; vision care. | Ambulatory surgical center; audiology; chiropractic; community mental health services; dialysis services; disposable medical supplies; durable medical equipment and medical supplies; Medicare deductible and coinsurance amounts; nurse-midwife; occupational therapy; physical therapy; podiatry; prenatal care coordination; respiratory care for ventilator dependent persons; school-based services; speech and language pathology; vision care. | Community mental health services; disposable medical supplies; durable medical equipment and medical supplies; Medicare deductible and coinsurance amounts; occupational therapy; physical therapy; respiratory care for ventilator dependent persons; speech and language pathology. | Nurse midwife services and podiatry. |
| Quality assurance and improvement: HEDIS data required?  | No                        | Yes  | Yes  | No                   | No  | No   | No  | Yes                                  |
| Quality assurance and improvement: CAHPS data required?  | No                        | No   | No   | No                   | No  | No   | No  | No                                   |
| Quality assurance and improvement: Accreditation required?   | No                        | No   | No   | No                   | No  | No   | No  | No                                   |
| Quality assurance and improvement: Accrediting organization  | –                         | –  | –  | –                    | –   | –  | –   | –                                    |
| Quality assurance and improvement: EQRO contractor name (if applicable)                            | MetaStar, Inc.            | MetaStar, Inc.   | MetaStar, Inc.   | MetaStar, Inc.       | MetaStar Inc  | MetaStar Inc   | MetaStar, Inc   | MetaStar, Inc.                       |
| Performance incentives: Payment bonuses/differentials to reward plans                              | –                         | X  | X  | –                    | –   | X  | X   | –                                    |

| Features   | Children Come First (CCF) | BadgerCare Plus   | SSI Managed Care   | WrapAround Milwaukee | Program of All-inclusive Care for the Elderly (PACE) | Wisconsin Partnership Program  | Family Care   | Care4Kids                        |
|--|---------------------------|---|--|----------------------|--|--|---|----------------------------------|
| Performance incentives: Preferential auto-enrollment to reward plans                                 | –                         | –   | –  | –                    | –  | –  | –   | –                                |
| Performance incentives: Public reports comparing plan performance on key metrics                     | –                         | X   | X  | –                    | –  | –  | –   | –                                |
| Performance incentives: Withholds tied to performance metrics  | –                         | X   | X  | –                    | –  | X  | X   | –                                |
| Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes | –                         | X   | X  | –                    | –  | –  | –   | –                                |
| Participating plans: Plans in Program  | Children Come First       | Anthem Blue Cross Blue Shield; Children's Community Health Plan; Dean Health Plan, Inc.; Group Health Cooperative of Eau Claire; Group Health Cooperative of South Central Wisconsin; Independent Care (ICARE) Health Plan; My Choice Wisconsin; MercyCare Health Plans; Molina Healthcare of Wisconsin; Network Health Plan; Quartz; Security Health Plan Of Wisconsin; United Healthcare Community Plan; MHS Health Wisconsin | Managed Health Services Insurance Corp.; My Choice Wisconsin Health Plan, Inc.; Anthem Blue Cross Blue Shield; Molina Healthcare of Wisconsin; United Healthcare Community Plan; Group Health Cooperative of Eau Claire; Network Health Plan; ICARE Health Plan; Security Health Plan Of Wisconsin | WrapAround Milwaukee | Community Care, Inc.                                 | ICARE Health Plan; My Choice Wisconsin Health Plan, Inc.; Community Care Health Plan | Community Care, Inc.; Lakeland Care, Inc.; My Choice Wisconsin; Inclusa, Inc. | Children's Hospital of Wisconsin |
| Notes: Program notes   | –                         | –   | –  | –                    | –  | –  | –   | –                                |